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NON OWNED DISPOSAL SITE COVERAGE - SUPPLEMENTAL QUESTIONNAIRE

Applicant's Name: _____

Name of Agent: _____

1. Is the applicant a generator of hazardous waste? Yes _____ No _____
2. Does the applicant take possession of, buy or sell hazardous waste? Yes _____ No _____
3. Does the applicant arrange for the disposal of hazardous waste? Yes _____ No _____
4. Does the applicant transport hazardous waste? Yes _____ No _____

If the answer to any of the above questions is Yes, please complete the following for each location to which your waste is delivered:

Name & address of facility	EPA ID #	Type of Facility (see codes below)	Type of material delivered	Amount & frequency

Facility Codes:

Comp – Composting Facility

CDL – Construction Debris Landfill

Land – Landfarm

Mono – Monofill

Trans – Transfer Station

Rec. Non-Haz – Recycling Facility (Non-Hazardous)

Rec. Haz – Recycling Facility (Hazardous Material)

MSW – Municipal Solid Waste Facility

Incin. – Incinerator

Other – Other (Please describe)

- A) Is a standard written contract utilized with the above locations? Yes No
If yes, please attach a copy of the contract.
- B) Do you require written evidence of pollution liability coverage from these facilities? Yes No
- C) In the past 5 years, have there been any claims or circumstances including, but not limited to, contribution actions at any non-owned location for which you have been responsible or contributed toward payment for claims for cleanup, bodily injury, or property damage? Yes No
If yes, please attach complete details.

D) Are you aware of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against you for environmental cleanup or for bodily injury or property damage arising from the release of pollutants at any non-owned location? Yes No
If yes, please attach complete details.

FORM COMPLETED BY: _____ DATE: _____

SIGNATURE: _____