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**General Liability – PPL Endorsement  
(Recycling Facilities) Application**  
(Please complete a separate application for each location)

(This supplemental application is part of an overall application for coverage  
- Coverage is Provided by a “Claims Made and Reported” Endorsement)

**Named Insured:** \_\_\_\_\_

**Location Address:** (Street Address) \_\_\_\_\_  
(City), (State), (Zip) \_\_\_\_\_

1. What Operations are being conducted at this location?(Please check all that apply)

- Municipal solid waste transfer station
- Household recycling collection center
- Scrap recycling/sorting center
- Final disposal/landfill ( Active or  Inactive cells)
- Smelting/Extraction
- Composting
- Other (please define): \_\_\_\_\_

2. How long has the current operation been at this location?

- 0-5 Years       6-10 Years       10-15 Years       15+ Years

3. What is the surrounding environment? (please check all that apply)

- Industrial       Commercial       Residential       Vacant Land

4. Identify the types of materials being accepted / handled at this location. (please check all that apply)

- Household Solid Waste
- Paper/Cardboard
- Glass
- Aluminum Cans
- Plastics
- Construction Debris
- Industrial Wastes
- Batteries

- Used Oil
- Liquid/Semi-liquid Wastes
- Salvaged Automobiles
- Freon
- Tires
- Ferrous / non-Ferrous Metal
- Rags
- Other (please list): \_\_\_\_\_

5. Are any Hazardous Materials/Wastes currently being accepted or handled at this location?  
 No  Yes (if yes, please explain) \_\_\_\_\_

6. Were Hazardous Materials/Wastes previously accepted or handled at this location?  
 No  Yes (if yes, please explain) \_\_\_\_\_

7. Is there a trained attendant on duty to detect or identify hazardous substances or wastes?  
 No  Yes (if yes, please explain) \_\_\_\_\_

8. Where do operations, including temporary storage of wastes or recyclables, occur at this location (please check all that apply):

- Inside – warehouse (fully enclosed)
- Outside- concrete pads
- Outside – gravel, bare earth
- Other (please explain) \_\_\_\_\_

9. Have there been any violations, fines, penalties or complaints against the operations at this location?  
 No  Yes (if yes, please explain) \_\_\_\_\_

10. Have you ever had any pollution claims including, but not limited to, claims by private persons, entities, governmental agencies or other third parties?  
 No  Yes (if yes, please explain) \_\_\_\_\_

11. Is the Insured aware of any recognized environmental conditions or circumstances which may reasonably be expected to give rise to an environmental claim or generate a request for coverage under this policy?  
 No  Yes (if yes, please explain) \_\_\_\_\_

12. Does this property have any aboveground (AST) or underground (UST) storage tanks?  
 No  Yes (if yes, please complete the chart below)

Tank #	Contents	Construction	Capacity	Age	AST / UST	Secondary Containment
Example	Diesel	Bare Steel	5,000 gal	5 yrs	AST	110% Volume – Poured Concrete

13. Do you desire coverage for UST's?  No  Yes
14. Are there any controls in place for fire detection?  
 No  Yes (if yes, please explain) \_\_\_\_\_
15. Are there any controls in place for fire suppression?  
 No  Yes (if yes, please explain, including how often maintained)  
 \_\_\_\_\_
16. If your operation involves handling of plastic recyclables, is the fire suppression system designed to combat a plastics fire?  
 No  Yes  N/A
17. Is the property:  
 Fenced  
 Gated  
 Locked

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_