

## POLLUTION LEGAL LIABILITY (FIXED FACILITY COVERAGE) INSURANCE APPLICATION

**INSTRUCTIONS:** Please complete all applicable sections of this Application. Please read all questions carefully and provide complete answers. Failure to provide complete information may result in delay in consideration of this Application. This Application is NOT an insurance policy and the Company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details to Application on a separate sheet of paper. All Applicants must sign the Application where indicated.

**NOTICE:** If a policy is issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

### APPLICANT INFORMATION

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Company is an:  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_  
*(please describe)*

### DESIRED COVERAGE

1. Coverage Requested:  New Business  Renewal  
 Third Party Pollution Liability  Cleanup Coverage Your Site
2. Proposed Effective Date: \_\_\_\_\_ Proposed Retroactive Date: \_\_\_\_\_
3. Limits Of Liability/Deductible Requested: Limits: \_\_\_\_\_  
 Deductible: \_\_\_\_\_ -- or -- SIR: \_\_\_\_\_
4. Other Coverages and Endorsements: \_\_\_\_\_

### PRIOR COVERAGE AND CARRIER LIABILITY INFORMATION

1. Have you ever carried site pollution coverage before?  Yes  No  
 If Yes, please provide coverage dates: \_\_\_\_\_ - \_\_\_\_\_
2. Did the coverage lapse?  Yes  No  
 If Yes, please provide date: \_\_\_\_\_
3. Please indicate the following for your current and prior carriers:

Coverage Form	Carrier	Receipts	Limit of Liability	Deductible	Policy Type	Rate	Premium	Retroactive Date

4. Has any policy or coverage been declined, cancelled and/or non-renewed during the prior three years?  Yes  No  
 If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:**

- a. Copies of all environmental audit or assessment reports that have been conducted within the past three years;
- b. Most recent income statement and balance sheet (include past two years if possible);
- c. Five years of valued loss runs, if applicable;
- d. Verification of prior retroactive date to consider backing policy.

**HISTORY OF COMPANY AND PRIOR USE**

1. Date Company was established: \_\_\_\_\_
2. Have there been any acquisitions, consolidations, dissolutions, and/or mergers?  Yes  No  
 If Yes, please explain: \_\_\_\_\_

3. Does the firm have:  Subsidiaries  A parent company  Other related entities  
 If so, please explain: \_\_\_\_\_

4. Do you share employees?  Yes  No  
 If Yes, please explain: \_\_\_\_\_

5. Please indicate annual revenues:

	Prior Year Revenues (Past 12 Months)	Current Year Revenues (Current 12 Months)	Estimated Revenues (Upcoming 12 Months)

6. Please provide a list of prior occupants as well as all site history available.

**DESCRIPTION OF OPERATIONS**

1. Please complete the following for all locations you wish to be covered:

Location	Acreage	Description of Current Operations	Length of Operations

2. Describe current operations listed in 1. above in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. List all structures on the property: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Provide a list of additional occupants on this property (owned or leased): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Provide site history including all past land use and the time period for each operation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Identify any past storage or disposal practices at the site including any onsite disposal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ENVIRONMENTAL INFORMATION**

- 1. Has any remediation or monitoring of soil or groundwater ever taken place at the property?  Yes  No
- 2. Has there ever been any testing of soil, groundwater, surface water or air at the property?  Yes  No
- 3. Does the use of the property require any environmental permits?  Yes  No  
If Yes, please attach a copy of all permits along with applicable parameters.
- 4. Are there any plans to conduct any testing of soil, groundwater or surface water at the property?  Yes  No
- 5. Has any building structure been tested for lead-based paint, asbestos or radon?  Yes  No
- 6. Has fill material ever been used at the property?  Yes  No
- 7. Are there any dry wells, septic systems, leach field or oil/water separators at the property?  Yes  No

**HAZARDOUS WASTE AND MATERIALS**  NOT APPLICABLE

If this property generates, handles, stores or disposes of any hazardous waste or materials, please complete the following:

- 1. Describe the on site storage practices and storage areas: \_\_\_\_\_  
\_\_\_\_\_
- 2. Describe the disposal method used: \_\_\_\_\_  
\_\_\_\_\_
- 3. Type of hazardous waste or materials: \_\_\_\_\_  
\_\_\_\_\_

**STORAGE TANKS**  NOT APPLICABLE

If this property presently has any storage tanks, please complete the following:

- 1. Explain the tank inventory control program: \_\_\_\_\_  
\_\_\_\_\_

2. Please indicate:

Above Ground Storage Tanks	Tank No.	Tank Construction	Tank Size (Gals.)	Age	Date of Installation	Contents	Secondary Containment	Date & Results of Last Testing

Underground Storage Tanks	Tank No.	Tank Construction	Tank Size (Gals.)	Age	Date of Installation	Contents	Secondary Containment	Date & Results of Last Testing

3. If coverage for Underground Storage Tanks (UST) is required, please provide most recent integrity (tightness testing) for consideration.  
 (Note: This policy excludes USTs unless scheduled with proper underwriting information.)

**SURROUNDING ENVIRONMENT**

- Provide a description of adjacent properties:  
 North: \_\_\_\_\_  
 South: \_\_\_\_\_  
 East: \_\_\_\_\_  
 West: \_\_\_\_\_
- Are there any protected environments in the area or sensitive receptors (parks, wildlife preserves, etc.) or school areas where children may frequent?  Yes  No  
 If yes, please describe: \_\_\_\_\_
- Identify nearby surface water bodies including approximate distances (streams, lakes, wetlands, etc.): \_\_\_\_\_  
 \_\_\_\_\_
- Identify any surface or groundwater uses in the area (drinking wells, etc.): \_\_\_\_\_
- Is public water and sewer available?  Yes  No
- Provide information on any mandated or voluntary monitoring performed at considered location (groundwater monitoring wells, NPDES, CAA, etc.): \_\_\_\_\_  
 \_\_\_\_\_

**WASTE HANDLING**  NOT APPLICABLE

If your facility treats, processes, separates or stores any type of waste (i.e., liquid, solid, wastewater), please complete the following:

1. Type of waste: \_\_\_\_\_
2. Describe the waste treatment operation: \_\_\_\_\_
3. Maximum amount of waste processed per day: \_\_\_\_\_
4. Maximum amount of waste stored at any one time: \_\_\_\_\_
5. Are daily operating procedures in place?  Yes  No
6. Are emergency procedures in place?  Yes  No
7. Identify effluent discharge points for wastewater and storm water: \_\_\_\_\_

**LANDFILL**  NOT APPLICABLE

If you have a landfill on site, please complete the following:

1. Acreage: Active Landfill: \_\_\_\_\_ Closed Landfill: \_\_\_\_\_ Vacant Land: \_\_\_\_\_
2. Type of waste collected: \_\_\_\_\_
3. Is the landfill lined?  Yes  No  
If Yes, indicate: Type of liner: \_\_\_\_\_ Material: \_\_\_\_\_ Thickness: \_\_\_\_\_
4. Is there a leachate collection system in place?  Yes  No  
Amount of leachate produced annually? \_\_\_\_\_
5. Number of active groundwater monitoring wells in place? Total: \_\_\_\_\_ Up gradient: \_\_\_\_\_ Down gradient: \_\_\_\_\_
6. Are daily operating procedures in place?  Yes  No
7. Are emergency procedures in place?  Yes  No

**VIOLATIONS**

1. Have you during the last five years received any violations regarding any standard or law relating to the release of a substance from the location(s) into sewers, rivers, air or onto land?  Yes  No  
If Yes, please provide the details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. If Yes, have you ever been prosecuted?  Yes  No  
If Yes, please provide the details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLAIMS**

1. Please describe any pollution claims which have occurred during the last five years, (if none, please state so):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. At the time of signing this application are you aware of any circumstances that may reasonably be expected to give rise to a claim under this policy?  Yes  No  
If Yes, please provide the details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FRAUD WARNING: APPLICABLE TO ALL STATES**  
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**WARRANTY STATEMENT**  
The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

**NOTICE TO APPLICANTS**  
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information may be guilty of a felony or misdemeanor and subject to appropriate prosecution.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title