

# APPLICATION FOR POLLUTION LEGAL LIABILITY INSURANCE

THIS IS AN APPLICATION FOR A **CLAIMS-MADE** POLICY

Please answer all applicable questions and provide information requested for each covered location. This application and the information provided herein and/or attached will be made part of the insurance policy.

1. Provide the following documents and materials along with the completed original signed and dated application:

Audited financials for the latest three (3) years.

Schedule of EIL and GL insurance policies in force for the past three(3) years.  
(policy No., policy term, type of policy, limits and exclusions)

Environmental Surveys/Audits performed at the location(s) to be covered.

**Please complete the remaining applicable parts of this application including Appendix A, use additional sheets as necessary.**

2. NAMED INSURED: \_\_\_\_\_

\_\_\_\_\_  
NAMES OF SUBSIDIARY COMPANIES AND THEIR RELATIONSHIP REQUESTING COVERAGE:

\_\_\_\_\_  
CORPORATE ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
ADDRESS OF COVERED LOCATIONS( if different from above): \_\_\_\_\_

\_\_\_\_\_  
3. THE COMPANY IS A:  
 partnership  corporation  joint venture  other \_\_\_\_\_

4. COMPANY HISTORY: Date Company was established: \_\_\_\_\_

Has the company undergone any mergers, acquisitions, consolidations or other changes?  Yes  No

If so, please explain \_\_\_\_\_

5. PRIOR COVERAGE: Relating to past auto, general or environmental liability coverage, has any policy or coverage been declined during the past three years?  Yes  No

If yes, explain \_\_\_\_\_

6. CLAIMS / VIOLATIONS: Have you during the past five (5) years had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations, or received any violations thereof?  Yes  No

If yes, describe in detail: \_\_\_\_\_

7. Have you during the last five (5) years been prosecuted, or are you currently being prosecuted, for contravention of any standard or law relating to the release or threatened release from the location of a hazardous substance, hazardous waste or any other pollutant?  Yes  No

If yes, describe in detail: \_\_\_\_\_

8. List all claims made against you during the past five (5) years for cleanup or response action, "toxic tort" or other bodily injury, or property damage, resulting from the release of hazardous substances, hazardous waste, or other pollutants, from this location or other locations owned or operated by you, into the environment. Provide a brief description of the claim(s) and its disposition. If none, so state.

9. At the time of signing this application, do you know of any facts or circumstances that may reasonably be expected to result in a claim or claims being asserted against your company for environmental cleanup or response, or for bodily injury or property damage arising from the release of pollutants into the environment?  Yes  No

If yes, describe in detail: \_\_\_\_\_

**Limits Requested:**

**Retro Active Date:** \_\_\_\_\_

**Limits Desired:** Per occurrence \$ \_\_\_\_\_  
Policy aggregate \$ \_\_\_\_\_

**Retention Desired:** \$ \_\_\_\_\_

**Business Interruption and Extra Expense Coverage Option:**  Include  Exclude  
(Please provide a Business income worksheet)

PLEASE COMPLETE **ATTACHMENT A** FOR EACH LOCATION TO BE COVERED UNDER THIS POLICY.

**FRAUD WARNING: APPLICABLE TO ALL STATES**

“Any persons who knowingly and with intent to defraud 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”.

**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.**

If an order is received, the application is attached to the policy, so it is necessary that all questions be answered in detail.

APPLICANT \_\_\_\_\_  
(Signature of Officer of Corporation)

DATE \_\_\_\_\_

APPLICANT \_\_\_\_\_  
(Print Name and Title)

BROKER \_\_\_\_\_  
(Print Name of Firm)

DATE \_\_\_\_\_

\_\_\_\_\_  
(Address of Brokerage Firm)

\_\_\_\_\_  
(Contact Person & Telephone Number)

**ATTACHMENT A – SITE SPECIFIC INFORMATION ( PLEASE COMPLETE FOR EACH LOCATION**

1. SITE NAME AND ADDRESS: \_\_\_\_\_

2. NATURE OF OPERATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. SITE HISTORY: What is the age of the facility (s)? \_\_\_\_\_

\_\_\_\_\_

How long have the operations been in place? \_\_\_\_\_

What is the size of the site? \_\_\_\_\_

\_\_\_\_\_

Describe past occupancies, prior land use, and operations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all structures on the property(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all other occupants at the site and describe their operations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. DESCRIBE ADJACENT PROPERTIES:

North: \_\_\_\_\_

South: \_\_\_\_\_

East: \_\_\_\_\_

West: \_\_\_\_\_

Are there surface water bodies nearby (i.e. lakes, wetlands, rivers, etc.)?  Yes  No

Describe: \_\_\_\_\_

\_\_\_\_\_

5. WASTE MANAGEMENT: Does your facility produce, treat, process, separate or store any type of waste (solid, wastewater, liquids)?  Yes  No If yes, describe:

Type and quantity: \_\_\_\_\_

\_\_\_\_\_

Method(s) of storage: \_\_\_\_\_

What type of Secondary Containment: \_\_\_\_\_

Maximum amount of waste stored onsite any at one time: \_\_\_\_\_

Controls in place \_\_\_\_\_

Disposal Methods \_\_\_\_\_

Identify wastewater and stormwater discharge points, if any \_\_\_\_\_

6. MATERIAL STORAGE AREAS: What types of raw materials stored on site? Type and quantity:

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

DRUMS: Are there Drums on site?  Yes  No How many? \_\_\_\_\_ Sizes \_\_\_\_\_

Contents: \_\_\_\_\_

Is there secondary containment in place? If so, what type? \_\_\_\_\_

\_\_\_\_\_

STORAGE TANKS: please list or attach tank schedule

Aboveground or underground tank	Tank #	Tank Size (gallons)	Tank Contents	Tank Age	Tank Construction	Type of secondary containment

If the tanks are underground, please provide integrity testing information.

LANDFILLS: Is there a landfill or other waste disposal areas on site?  Yes  No If yes describe:

Landfill Size (acreage): \_\_\_\_\_ Is it still active? \_\_\_\_\_

Type of waste collected and put in landfill: \_\_\_\_\_

How long has the landfill accepted waste?: \_\_\_\_\_

Is the landfill lined? \_\_\_\_\_

Is there a leachate collection system in place?  Yes  No

Amount of leachate produced annually: \_\_\_\_\_

7. ENVIRONMENTAL PERMITS (if any)

POTW \_\_\_\_\_ NPDES \_\_\_\_\_ AIR \_\_\_\_\_ Stormwater \_\_\_\_\_

8. GROUNDWATER MONITORING: Are there groundwater monitoring wells onsite?  Yes  No  
If yes, how many? \_\_\_\_\_

Please provide monitoring results of the last four(4) sampling events and a map showing well location and the direction of groundwater flow.

9. REMEDIATION: Describe any past, present or planned remediation activities and dates:

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

10. Have there been any previous pollution events? Describe: \_\_\_\_\_

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

11. Have you been subject to any public complaints or law suits? Describe: \_\_\_\_\_

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

Have you been subject to any regulatory actions, notices of violation, corrective actions?  Yes  No  
Describe, if yes:

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