

**POLLUTION LIABILITY UNDERWRITING SOLUTIONS COVERAGE APPLICATION – CLAIMS MADE**

Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print “**N/A**”.

**PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:**

- 1) Copies of any site specific environmental reports completed during the past 5 years for the covered location(s)
- 2) Audited financial statement and balance sheet from the past two (2) years
- 3) Five years of currently valued loss runs for all lines of coverage

APPLICANT INFORMATION					
Name of applicant					Date
Mailing address					
City		State	Zip code	Website	
Principal environmental contact			Title		
Telephone		fax		email	
DATE FIRM WAS ESTABLISHED			PARENT COMPANY		
Company is: ___ Corporation ___ Partnership ___ Joint Venture ___ LLC/LLP					
Other:					

PREVIOUS POLLUTION COVERAGE					
Current Carrier	Effective Dates	Limits	Retention	Retroactive Date	Premium
	to	\$ / \$	\$		\$
	to	\$ / \$	\$		\$
	to	\$ / \$	\$		\$
Has any insurance company ever denied, cancelled, or non-renewed pollution liability coverage? Yes _____ no _____					
<b>If yes”, please explain:</b>					

REQUESTED COVERAGE		LIMITS OF LIABILITY	RETENTION	RETR O DATE
	Bodily Injury & Property Damage from New Conditions			
	Bodily Injury & Property Damage from Pre-Existing Conditions			
	On-Site Cleanup Costs Resulting New Pollution Conditions			
	On-Site Cleanup Costs Resulting Pre-Existing Pollution Conditions			
	Off-Site Cleanup Costs Resulting New Pollution Conditions			
	Off-Site Cleanup Costs Resulting Pre-Existing Pollution Conditions			
	Sudden & Abrupt Discharge, Release Or Escape Of Pollutants			
	Non-Owned Locations			
	Non-Owned Disposal Sites			
	Transportation Pollution Liability			
	Covered Operations			
	Crisis Management And Emergency Response Costs			
	Products Pollution			
	Products Recall			
	Sudden And Abrupt Discharge, Release Or Escape Of Pollutants			
POLICY TERM				
Required effective date :		Required policy term (s) :		
CLAIMS AND COMPLIANCE HISTORY				
<p>Are you aware of any notices of violation, fines, penalties, complaints, or received any claims or suits relating to any pollution conditions? Yes <input type="checkbox"/> no <input type="checkbox"/> <b>if yes, please explain:</b></p>				
<p>Are you aware of any past or present pollution conditions, or any circumstances which may reasonably be expected to give rise to a claim? Yes <input type="checkbox"/> no <input type="checkbox"/> <b>if yes, please explain:</b></p>				
<p><i>It is understood and agreed that if any such claims exist, or any such facts or circumstances exist which could give rise to a claim, then those claims and any other claims arising from such facts or circumstances are excluded from the proposed insurance unless otherwise affirmatively stated in the policy.</i></p>				



Are you aware if any of the covered location(s) are in non-compliance of any local, state, or federal environmental regulations, standards, or statues? Yes \_\_\_\_\_ no \_\_\_\_ **if yes, please explain:**

**FRAUD WARNING**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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**

**SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.)**

**IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

**IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.**

**IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.**

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.**

**WARRANTY**

The undersigned authorized officer of the applicant warrants to the Company, that I/We that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, principals, partners, directors, officers and employees.

This application must be signed by the owner, principal, partner, executive officer or equivalent within 60 days of the proposed effective date.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**COVERED LOCATION INFORMATION  
PLEASE COMPLETE FOR EACH COVERED  
LOCATION. COPY AS NECESSARY**

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: _____	State: _____	Zip: _____
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SIC Code: _____	Year Started _____	Acreage: _____
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Current Operations: \_\_\_\_\_

If manufacturing, please describe products : \_\_\_\_\_  
If Products Pollution is required, please complete the applicable Supplemental Questionnaire.

Historical Operations: \_\_\_\_\_

Please Identify and Describe adjacent properties:  
North: \_\_\_\_\_ South: \_\_\_\_\_  
East: \_\_\_\_\_ West: \_\_\_\_\_

Distance to closest Residential Area: \_\_\_\_\_

Distance to nearest body of water: \_\_\_\_\_ Type of water body: \_\_\_\_\_

Type and number of Wells on Property: Monitoring  Drinking  Other (describe) \_\_\_\_\_

Is Public Water & Sewer provide at this location: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Is Public Water & Sewer provide at this location: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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Are there any plans for upgrades or future development at this location: YES  NO  **If Yes, Please Explain:**  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

**For this location, please identify:**

Hazardous Materials/Chemicals Used, Treated, Or Stored? Yes  No  **(If Yes, please complete the applicable supplemental questionnaire )**

Any Treatment Facilities? Yes  No  **(If Yes, please complete the applicable supplemental questionnaire )**

Landfill, Transfer Station, Or Recycling Facility? Yes  No  **(If Yes, please complete the applicable supplemental questionnaire )**

Underground Or Above Ground Storage Tanks? Yes  No  **(If Yes, please complete the applicable supplemental questionnaire )**

Have any environmental studies, reports, or audits (such as an environmental site assessment) ever been prepared for this location? Yes  No  **if yes, please provide copies with this application.**



Does the location have all the required environmental permits (RCRA, UST, NPDES, etc.)? Yes \_\_\_\_\_ No \_\_\_\_  
**if yes, please provide copies with this application.**

**CHEMICAL USE, STORAGE, TRANSPORT AND TREATMENT SUPPLEMENTAL QUESTIONNAIRE  
PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS  
NECESSARY**

**Name, street address, city, state, zip code:**

Facility EPA ID #: \_\_\_\_\_ State ID #: \_\_\_\_\_

Describe current permits for this location:

**DESCRIBE HAZARDOUS MATERIAL/CHEMICAL USE FOR THIS LOCATION**

CHEMICAL NAME	AMOUNT ONSITE	AMOUNT USED IN ONE YEAR	METHOD OF STORAGE (drums, etc.)

**DESCRIBE HAZARDOUS MATERIAL/CHEMICAL TREATMENT AND DISPOSAL PROCEDURES FOR THIS LOCATION:**

WASTE TYPE	QUANTITY	TREATMENT/DISPOSAL METHOD


**TREATMENT FACILITIES SUPPLEMENTAL  
QUESTIONNAIRE  
PLEASE COMPLETE FOR EACH COVERED LOCATION.  
COPY AS NECESSARY**

**Name, street address, city, state, zip code:**

Facility EPA ID#:

State ID #:

Is the facility permitted?  yes  no **If yes, by whom?**

**TYPE OF TREATMENT FACILITY (CHECK  
BOX)**

___ Process water	___ Wastewater	___ Drinking Water	___ Hazardous Waste	Other; _____
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Date facility was built:

When was facility permitted:

Maximum permitted amount treated:

Ave. daily amount treated:

Describe treatment methods:

Is any treated material or by-product sold or given away Yes \_\_\_\_\_ No: \_\_\_ **If Yes, Please Explain:**

Where is effluent discharged:

How is access to the facility controlled:

Does the facility treat any Radioactive Waste Yes \_\_\_\_\_ No: \_\_\_ **If Yes, Please Explain:**



**EMERGENCY RESPONSE PROCEDURES**

Does the facility have a written emergency response plan: Yes \_\_\_\_ No: \_\_\_\_ **If yes, please provide a copy**

Are employees trained on emergency response procedures: Yes \_\_\_\_ No: \_\_\_\_\_  
How often: \_\_\_\_\_

**RECYCLING FACILITIES, TRANSFER STATIONS, OR LANDFILLS SUPPLEMENTAL QUESTIONNAIRE**  
**PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY**

**Name, street address, city, state, zip code:**

Facility EPA ID#: \_\_\_\_\_ State ID #: \_\_\_\_\_

is the facility permitted?  Yes  No **if yes, by whom:**

**TYPE OF TREATMENT FACILITY (CHECK BOX)**

<input type="checkbox"/> Municipal landfill	<input type="checkbox"/> Construction & debris landfill	<input type="checkbox"/> Hazardous waste landfill
<input type="checkbox"/> Transfer station	<input type="checkbox"/> Recycling facility	<input type="checkbox"/> Other:

When was the facility built? \_\_\_\_\_ When was the facility permitted? \_\_\_\_\_

Maximum permitted daily tonnage amount accepted: \_\_\_\_\_ Average daily tonnage amount accepted: \_\_\_\_\_

Total acres: \_\_\_\_\_ Disposal acres: \_\_\_\_\_ Buffer acres: \_\_\_\_\_ Buffer use: \_\_\_\_\_

Please describe materials accepted by this facility:

How is access to the facility controlled?

Does the facility current monitor the groundwater? Yes: \_\_ No: \_ **If yes, please provide most recent groundwater monitoring reports**

**CELL INFORMATION**

	ID No.	ID No.	ID No.	ID No.
ACTIVE OR CLOSED				
DATE FIRST USED				
ESTIMATED CLOSURE DATE				
LINER TYPE				
LINER THICKNESS				
LEACHATE COLLECTION SYSTEM				
METHANE COLLECTION SYSTEM				
GROUNDWATER MONITORING SYSTEM				



Closure/Post Closure: Is there a current Closure/Post Closure Plan in Plan- Yes \_ No: \_\_ **If yes, please provide a copy**  
Describe mechanism to meet financial responsibility as required by the P/PC plan: Bond: \_\_ LOC: \_\_\_\_\_  
Insurance: \_\_\_\_\_

**STORAGE TANKS SUPPLEMENTAL  
QUESTIONNAIRE  
PLEASE COMPLETE FOR EACH COVERED  
LOCATION. COPY AS NECESSARY**

**Name, street address, city, state, zip code:**

**Facility EPA ID#:** \_\_\_\_\_ **State ID#:** \_\_\_\_\_

**Number of aboveground storage tanks:** \_\_\_\_\_ **Number of underground storage tanks:** \_\_\_\_\_

**STORAGE TANK SCHEDULE**

	ID No.	ID No.	ID No.	ID No.	ID No.
Ast or UST					
Age					
Capacity (gallons)					
Product code					
Construction code					
Protection code					
Leak detection code					
Secondary containment code					
Most recent tank testing date					
Did it pass or fail?					
Has this tank been Upgraded to the 1998 standards?					
<b>Associated piping</b>					
Length of piping (feet)					
Age					
% of piping underground					
Construction code					
Protection code					
Dispenser code					
Oil/water separator in use?					

**CODE  
S**

<b>PRODUCT CODE</b>	<b>CONSTRUCTION CODE</b>	<b>PROTECTION CODE</b>
D – Diesel	DWS – Double Wall Steel	CP – Cathodic Protection
G – Gasoline	DWF – Double Wall Fiberglass	EC – Epoxy Coated
A – Aviation	STIP – STIP-3 Construction	V – Tank Vault
U – Used Oil	SWS – Single Wall Steel	PL – Pit Liner
O – Organic Chemicals	SWF – Single Wall Fiberglass	N – None
I – Inorganic Chemicals	LS – Lined Steel	P – Painted Tank
	UNK - Unknown	UNK - Unknown
<b>LEAK DETECTION CODE</b>	<b>SECONDARY CONTAINMENT CODE</b>	<b>DISPENSING CODE</b>



E – Electronic Monitoring	PC- Poured Concrete	S – Suction
DS – Dip Stick	CB – Concrete Block	P – Pressure
MW – Monitoring Well	E – Earth	
PT – Pressure Test	L – Lined	
SI – Statistical Inventory	N – None	
N - None	UNK - Unknown	
UNK - Unknown		