



Site Specific Pollution Liability Application

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:

Date:

Address:

City:

State:

Zip Code:

Phone:

Company is a: Individual [] Partnership [] Corporation [] Joint Venture [] Other [] (describe) _____

Coverage Requested: New Business [] Renewal [] Third Party Pollution Liability [] On Site Cleanup []

Proposed Effective Date: ____/____/____ Proposed Retroactive Date: ____/____/____

Limits of Liability / Deductible: _____

Limits Requested: _____ Deductible Requested: _____

Other Coverages and Endorsements: _____

HISTORY OF COMPANY

Date Established: _____

Have there been any acquisitions, consolidations, dissolutions or mergers? Yes [] No []

If yes, please explain: _____

Does the firm have: Subsidiaries [] A parent company [] Other related entities []

If yes, please explain: _____

Do you share employees? Yes [] No []

If yes, please explain: _____

PRIOR CARRIER LIABILITY INFORMATION

Coverage Form: Carrier: Receipts: Limit of: Deductible: Type of Policy: Rate: Premium:



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Any policy or coverage declined, cancelled or non-renewed during the prior three years? Yes [] No []

If yes, please explain:

PLEASE COMPLETE THE FOLLOWING FOR ALL LOCATIONS YOU WISH TO BE COVERED.

LOCATION	ACERAGE	DESCRIP. OF CURRENT OPERATIONS	LENGTH OF OPERATIONS

Describe current operations:

List all structures on property:

Provide a list of additional occupants on this property (owned or leased):

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



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Identify any past storage or disposal practices at the site including any on-site disposal:

Does this property generate, handle, store or dispose of any hazardous waste or materials? Yes [] No []

If yes, please complete the following.

Type of hazardous waste or materials:

Describe the on-site storage practices and storage areas:

Describe the disposal method used:

Does this property have any storage tanks? Yes [] No []

If yes please complete the following.

Explain the tank inventory control program:

Please obtain the following information on each tank:

AST/UST TANK NUMBER	CONSTRUCTION MATERIAL	CAPACITY	AGE (YRS)	SECONDARY COMTAINMENT



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Complete the following in reference to the property location.

Provide a description of adjacent properties:

NORTH: _____

SOUTH: _____

EAST: _____

WEST: _____

Identify nearby surface water bodies including approximate distances i.e., streams, wildlife preserves, etc.

Are there any protected environments in the area or sensitive receptors i.e., parks, wildlife preserves, etc. or school areas where children may frequent? Yes [] No []

If yes, please describe: _____

Identify any surface or groundwater uses in the area i.e., drinking wells, etc.

Is public water and sewer available? Yes [] No []

Please provide information on any mandated or voluntary monitoring performed at considered location i.e., groundwater monitoring wells, NPDES, CAA, etc.



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Does your facility treat, process, separate or store any type of waste i.e., liquid, solid, wastewater, etc.? Yes [] No []

If yes, please complete the following:

Type of waste: _____

Describe the waste treatment operation: _____

Maximum amount of waste processed per day: _____

Maximum amount of waste stored at any one time: _____

Are daily operating procedures in place? Yes [] No []

Are emergency procedures in place? Yes [] No []

Identify effluent discharge points for wastewater and stormwater: _____

Do you have a landfill on site? Yes [] No []

If yes, please complete the following:

Acreage: _____ Active landfill [] Closed landfill [] Vacant land []

Type of waste collected: _____

Is the landfill lined? Yes [] No []

Type of liner: _____

Material: _____

Thickness: _____

Is there a leachate collection system in place? Yes [] No []

Amount of leachate produced annually: _____

Number of active groundwater monitoring wells: Total: _____ Up Gradient:: _____ Down Gradient:: _____



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Are daily operation procedures in place? Yes [] No []

Are emergency procedures in place? Yes [] No []

If yes, please attach a copy of your emergency procedures.

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 details below:

If yes, have you ever been prosecuted? Yes [] No []

Please describe any pollution claims which have ever occurred in the past, if none, please state "none":

At the time of signing this application are you aware of any circumstances which may reasonably be expected to give rise to a claim under this policy? Yes [] No []

If yes, please provide details:

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

- 1. Copies of any environmental audit or assessment reports which have been conducted within the past three years.
- 2. Most recent income statement and balance sheet.
- 3. Five years of valued loss runs, if applicable.

FRAUD WARNING: APPLICABLE IN ALL STATES

Any person who knowingly and with the 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, (s)he (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 to the insurer to complete the insurance.

NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent act, which is a crime.

Signature: _____

Print Name: _____

Title: _____

Date : _____