

Premises Pollution Liability Application

PLEASE READ CAREFULLY: This is an application for a claims-made policy. **Completion of this application does not bind coverage.**

Instructions:

- The Applicant is responsible for obtaining and submitting whatever information and records are necessary to answer the Application questions, whether in the public domain or in their or another party’s possession.
- Answers **ALL** questions completely, leaving no blank responses.
 - If any questions (or part thereof) do not apply, write **“not applicable”** or **“n/a”** in the space.
 - Check **Yes** or **No** answers.
- If coverage is sought for more than one location, answer all questions for each location.
- This form must be completed in full, dated and signed by an authorized representative of the Applicant.
- Storage Tank Information must be completed in full for all storage tank systems where coverage is requested.

Attachments:

- Please submit the following with your application (as applicable):
 - Environmental Site Assessment(s), surveys, audits, conducted at any proposed covered locations.
 - Environmental related permits (air or water discharge permits, hazardous waste storage permits, etc.)
 - Five years loss runs.
 - Copy of the existing policy and endorsements.

Part 1: Applicant Information

Named insured: _____ Year established: _____

Has your company ever operated under a different name? No Yes (provide detail): _____

Contact name, position, email: _____

List any acquired or merged, affiliated, parent, predecessor, subsidiaries or other firms for which coverage is requested.

Name of firm:	Relation to your company:
_____	_____
_____	_____
_____	_____

Part 2: Coverage Information

Requested Coverage: New Business Renewal Policy Effective Date: _____

Complete all that apply:	Limits		Deductible	
1st Party Premises Pollution Clean-Up	\$500,000	\$2,000,000	\$5,000	Other:
	\$1,000,000	Other:	\$10,000	\$ _____
	\$1,500,000	\$ _____	\$25,000	
Premises Pollution Liability	\$500,000	\$2,000,000	\$5,000	Other:
	\$1,000,000	Other:	\$10,000	\$ _____
	\$1,500,000	\$ _____	\$25,000	
DIC Transportation Not required	\$500,000	\$2,000,000	\$5,000	Other
	\$1,000,000	Other:	\$10,000	\$ _____
	\$1,500,000	\$ _____	\$25,000	

Note: If you require Contracting Pollution Liability coverage, complete and submit a separate Contracting Pollution Liability application.

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Part 2: Coverage Information

(continued)

Existing coverage: *Check here if this does not apply and proceed to next part of the application.*

Coverage basis: Claims-made Occurrence

Carrier: _____ Retroactive Date: _____

Limits: \$ _____ Deductible: \$ _____ Premium: \$ _____

Part 3: Scheduled Location Information

Note:

- Must be completed for all locations requiring coverage.
- Complete the provided supplementary schedule for any additional locations.

Location address						
Is this location owned (O) or leased (L)?	Owned	Leased	Owned	Leased	Owned	Leased
Retroactive date						
Facility size (square footage of all buildings)						
Years at this location						
Current operation						
Historical operation of site (if different)						
Hazardous materials or waste generation, handling, storage, or disposal?	No	Yes	No	Yes	No	Yes
• Type of material						
• Monthly volume						
• Max stored on-site at one time						
• Storage method						
• Disposal method						
• Disposal facility						
Water, wastewater or other treatment facilities on-site?	No	Yes	No	Yes	No	Yes
Recycling facilities on-site, including landfill or any transfer station?	No	Yes	No	Yes	No	Yes
Surrounding exposure						

Note: In the above, indicate **surrounding exposure within 300 meters of property line**, including but not limited to the followings:

- any in-ground water wells, and on-site sewer, septic systems;
- residential property/neighborhood;
- surface water (such as rivers, creeks, streams, lakes, ponds, sloughs, dugouts, reservoirs, oceans, etc.); or
- any underground structure (such as tunnel, underground structure for subway, LRT or other public transit use, or public building with one or more floors below ground).

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Part 3: Scheduled Location Information

(continued)

Answer the following:

- | | | |
|---|-----|----|
| • Do you have knowledge of any waste materials that have been buried at any proposed covered locations? | Yes | No |
| • Do you have knowledge of any environmental impairments, pollution conditions or incidents at any proposed covered locations? | Yes | No |
| • Are there any standards, statutes, or other regulations relating to the environment with which any of the proposed covered locations do not comply? | Yes | No |
| • Any environmental permit(s) required (air, water discharge, hazardous waste storage, etc.) at any proposed covered locations? | Yes | No |
| • Have there ever been or are there plans to conduct any testing of air, soil, groundwater at any proposed covered location, including environmental Phase I or II assessments or environmental audits? | Yes | No |
| • Are there plans for development, improvement, excavation, betterment, demolition or other change in use at any proposed covered locations? | Yes | No |
| • Are there plans to sell or sublease any proposed covered locations? Provide information about sublessee in the additional information section below. | Yes | No |

If “yes” to any of the questions above, provide detail and attach applicable permits and assessments:

- | | | |
|--|-----|----|
| • Do you transport any hazardous materials, including PCBs, substances in Classes 6.1, 6.2 & 7 of the TDG Regulations, and any other hazardous wastes? | Yes | No |
|--|-----|----|

Note: do not include transportation done by third party carrier

If “yes” to the above, indicate percentage (%) of annual revenue or quantity carried annually: _____ %

Part 4 – Storage Tank Information (only complete if there are storage tanks)

Check here if you don't have storage tanks present on any property and proceed to next part of the application

Note: Must be completed for all storage tanks requiring coverage.

- Refer to the bottom of this part for definitions.
- Complete the provided supplementary schedule for any additional tanks.

For Above Ground Tanks Under 5000L Only:

Check here if this does not apply to you and proceed to next part of the application.

Note: Include tanks that are leased or loaned to another party. Do not include portable storage containers (up to 205L capacity).

Number of tanks (10 years and newer): _____ Number of tanks (over 10 years): _____

- | | | |
|---|-----|----|
| • Do you maintain an updated tank inventory list, including detail such as age and locations? If Yes, provide copy. | Yes | No |
| • Are there any tanks that have not been serviced or filled within the past 3 years?: | Yes | No |

If yes, (indicate number): _____

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Part 4 – Storage Tank Information (only complete if there are storage tanks)

(continued)

For Above Ground Tanks Over 5000L And Underground Tanks (Any Size):

Check here if this does not apply to you and proceed to next part of the application.

Location Address / Tank ID#					
Above Ground (AG) / Underground (UG)	AG	UG	AG	UG	AG UG
Year installed					
Capacity (L)					
Double walled (DW) / Single walled (SW)	DW	SW	DW	SW	DW SW
Tank construction material ¹					
Tank contents ² stored					

For Above Ground Tanks Over 5000L In Capacity Only:

Check here if this does not apply to you and proceed to next part of the application.

Base and Diking construction ³	I	P	None	I	P	None	I	P	None
Overfill protection	Yes		No	Yes		No	Yes		No
Impact Barriers	Yes		No	Yes		No	Yes		No

For Underground Tanks (Any Size) Only:

Check here if this does not apply to you and proceed to next part of the application.

Year piping installed					
Piping construction (Double / Single walled)	DW	SW	DW	SW	DW SW
Piping construction material ¹					
Leak detection ⁴					

Definitions:

¹ Tank & Piping construction material

CPS = cathodically protected steel
 CS = coated steel
 F = fiberglass
 PCL = polyethylene clad steel
 US = unprotected steel
 O = other (identify)

² Contents

D = diesel
 E = ethanol blend
 G = gasoline
 HF = heavy fuel oil
 J = jet/aviation
 LF = light fuel oil
 WO = waste oil
 O = other (identify)

³ Base and Diking construction

I = impermeable (concrete, clay synthetic)
 P = permeable (dirt, earth, gravel)

⁴ Leak detection

ATG = automatic tank gauging
 CLLD = continuous line leak detection
 EIM = electronic interstitial monitoring
 MTG = manual tank gauging
 SIR = statistical inventory reconciliation
 N = none

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Part 4: Storage Tank Information (only complete if there are storage tanks)

(continued)

Answer the following:

- Do any of the storage tanks not comply with environmental standards, statutes or other regulations? Yes No

If “yes” to the above, explain:

- Are there any storage tanks which have previously been removed, closed in place or taken out of service at the locations specified above? If yes, click here to confirm that such tanks are removed from service in conformance with standards. Yes No
- Do you have the current storage tank inspection reports to demonstrate that you meet with applicable environmental standards, statutes or other regulations? Click here if this is not applicable. If “yes” to the above, provide copies of the tank inspection reports. Yes No

Part 5: Supplementary Questions

Lead-Based Paint

Check here if this does not apply to you and proceed to next part of the application.

- Do any of the buildings located at the proposed covered locations contained lead-based paint? Yes No
- Have any health concerns been raised, or any claims been made, with respect to the presence of lead-based paint at any proposed covered locations? Yes No

If “yes” to the above, provide detail, including the impacted location having issues and risk mitigation taken:

Asbestos or Asbestos-Containing Materials

Check here if this does not apply to you and proceed to next part of the application.

- Do any of the buildings located at the proposed covered locations contained asbestos or asbestos-containing materials? Yes No
- Have any health concerns been raised, or any claims been made, with respect to the presence of asbestos or asbestos-containing materials at any proposed covered locations? Yes No

If “yes” to the above, provide detail, including the impacted location having issues and risk mitigation taken:

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Part 5: Supplementary Questions

(continued)

Legionella Pneumophila

Check here if this does not apply to you and proceed to next part of the application.

- Have any health concerns been raised, or any complaints or claims been made against you with respect to legionella pneumophila at any of the buildings located on the proposed covered locations? Yes No

If "yes" to the above, provide detail, including the impacted location having issues and risk mitigation taken:

- Do you perform due diligence with respect to legionella pneumophila before acquiring or leasing property? Yes No
- Do you have a formal process to document and track for legionella pneumophila issues and complaints? Yes No

Part 6: DIC Transportation (only complete if coverage is requested)

Check here if this does not apply to you and proceed to next part of the application.

Percentage of cargo transported by: You (1st party) _____ % Subcontractors (3rd party) _____ %

Type and number of automobiles transporting pollutants and hazardous materials:

PPVs, light and heavy trucks _____ Light and heavy trailers _____
Dump, tanker, vacuum trucks _____ Dump, tanker, vacuum trailers _____

Answer the following:

- Are any of your vehicles placarded for transporting for hazardous materials or waste? Yes No
- Are all vehicles transporting hazardous materials or waste equipped with spill kits? Yes No

Part 7: Risk Management

- Do you have a formal Spill Prevention Control and Countermeasures (SPCC) plan? Yes No
- Do you have a documented emergency response plan and inspection plan? Yes No
- Do you have a dedicated environmental officer? Yes No

If "yes" to any of the questions above, provide detail of the risk management plan(s):

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Part 8: Compliance & Claims History

Within the past five years:

- | | | |
|--|-----|----|
| • Has any insurance company denied, canceled or non-renewed coverage? | Yes | No |
| • Have any claims been made or any legal actions (including any regulatory proceedings) been brought against you to the proposed insurance? | Yes | No |
| • Have you been involved in any environmental impairment, pollution condition or incident? | Yes | No |
| • Have you been cited or prosecuted for any violation of any applicable environmental law, statutes or regulations arising from the release or spill of hazardous substances, waste or any other pollutants? | Yes | No |

Do you have knowledge of:

- | | | |
|---|-----|----|
| • Any claims made resulting from the transportation of waste, goods or products? | Yes | No |
| • Any claims made from any disposal sites to which your or any other party's waste is currently being, or has historically been, taken for recycling or disposal? | Yes | No |
| • At the time of signing the application, do you have any knowledge of any circumstances that may reasonably be expected to give rise to a claim against you from environmental impairments, pollution conditions or incidents, or otherwise generate a request for coverage under this Policy? | Yes | No |

If "yes" to any of the questions above, provide a description of the information, claim, or circumstance. In addition, provide information as to what actions have been taken to mitigate or avoid a similar loss from occurring again.

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NOTICE TO ALL APPLICANTS

Completion of this form does not bind coverage. Applicant's acceptance of our quotation and our written agreement to be bound are required to bind coverage and issue policy.

If the applicant applying for insurance negligently or fraudulently misrepresents or fraudulently omits to communicate any material fact, matter or circumstance which should be made known to us in order to enable it to judge of the risk to be undertaken, we may have the right to void the contract of insurance ab initio, as if it never had any legal validity.

Accordingly, it is imperative that this application be completed fully and accurately and that you communicate to us in writing any and all additional facts, matters and circumstances that are material to the risks against which you would like to be insured.

Continuing Duty to Report

The undersigned, on behalf of the insured organization, agrees that the Named Insured(s) has a continuing duty, throughout the policy period, to report any changes and update this Application, including all supplements, attachments and replies to underwriter inquiries.

Declarations

I / We declare that the statements made above are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

Privacy Disclosure and Consent

The undersigned, on behalf of the insured organization, declares that it has obtained the necessary consent for the collection, use and disclosure by the Insurer of any personal information provided above or in connection with this application or any renewal or change in coverage, for the purposes of offering and providing products and services to meet the insured organization's needs, assessing and underwriting risks on a prudent basis, determining insurance product prices, investigating and settling claims, detecting and preventing fraud or other illegal activities, analyzing business results and compiling statistics, reporting to regulatory or industry entities, and acting as required or authorized by law

Signature: _____

Print Name _____

Official Title: _____ Date: _____

Agent/Broker _____