SITE SPECIFIC POLLUTION LIABILITY

APPLICATION REQUIREMENTS

1. Pollution Legal Liability application - complete all questions in full. (If the insured has already completed another similar site specific pollution application it is usually possible to prepare an indication using it).
2. The attached Site Specific Pollution Liability Checklist – fully completed. Please attaché additional sheets if needed to answer any of the checklist questions.
3. A full copy of any environmental reports, such as Phase I Environmental Site assessments or transaction screens. If no environmental reports have been performed please state so in writing.

WE ONLY ACCEPT APPLICATIONS SUBMITTED BY INSURANCE AGENTS/BROKERS

Incomplete submissions will be declined

SITE SPECIFIC POLLUTION LIABILITY CHECKLIST

Name of Proposed Insured: _____
City: _____ **State:** _____

A. What does the proposed insured perceive as their exposure (attach additional pages as needed):

_____
_____
_____
_____
_____
_____
_____

B. Why does the proposed insured wish to purchase pollution coverage:

_____
_____

C. If the facility is light industrial or manufacturing, please provide a brief description (in narrative form) of the process, the chemicals used, and the wastes generated (attach additional pages as necessary):

_____
_____
_____
_____
_____
_____
_____

D. Please provide a narrative description of precautions/controls to prevent spills/releases of hazardous materials (attach additional pages as necessary):

_____
_____
_____
_____
_____
_____
_____

E. Please have the attached PLL application fully completed (or other similar site-specific pollution application).

F. Have any environmental assessments or reports been performed for the subject property: _____ (If yes please attach a full copy).

APPLICATION FOR POLLUTION LEGAL LIABILITY INSURANCE

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

The applicant must answer all questions and provide all information as requested herein. The applicant is responsible for reviewing all information, in their possession or otherwise, necessary to accurately and comprehensively complete this application.

GENERAL INFORMATION

1. Named Insured:_____

2. Contact Information for the Named Insured:
   a. Mailing Address:_____
   b. Telephone Number:_____ Fax Number:_____

3. Named Insured is a ( ) Corporation, ( ) Joint Venture, ( ) Sole Proprietorship or ( ) Other _____

4. Date Named Insured was established_____ Business of Named Insured _____

5. Name and title of person responsible for environmental affairs:_____

6. Name(s) of person(s) or entity(ies) that own or otherwise control the Named Insured: _____

7. Requested Insurance Coverage
   a. Limits of Liability: _____
   b. Retention: _____
   c. Length of Policy Period: _____
   d. Business Interruption Coverage: ☐ Include* ☐ Exclude (*attach business interruption worksheet)
   e. Special Terms and Conditions: _____

SUPPLEMENTARY INFORMATION

The applicant must submit the following information. If such information does not exist, so state.

1. Financial statements of the Named Insured for a period of three years _____
2. All environmental reports/surveys/audits applicable to each property _____
3. Schedule of General Liability and Pollution Liability Insurance for each of the past three years (policy#, issuing company, limits of liability and policy period) _____
4. Copies of all documents/contracts/agreements wherein the Named Insured transfers or assumes any environmental liabilities with respect to each property _____
5. Copy of emergency response procedures/plans in the event of an environmental incident _____

ENVIRONMENTAL INCIDENTS/LAWSUITS/VIOLATIONS/CLAIMS

(Applicable to all properties identified in Attachment A)

1. 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 statues or regulations, or received any violations thereof? ☐ Yes ☐ No If yes, attach a detailed description
2. 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 any property of a hazardous substance, hazardous waste or any other pollutant? ☐ Yes ☐ No If yes, attach a detailed description
3. Have any all claims been 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 any property owned or operated by you, into the environment. ☐ Yes ☐ No If yes, attach a detailed description thereof, including its disposition.
4. 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, attach a detailed description.

IMPORTANT INFORMATION
Please read carefully before signing.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation and Company's written agreement to be bound is required to bind coverage and to issue a policy. It is agreed that this application shall be the basis of the contract should a policy be issued by the Company and in such event this application will be attached to the policy.

WARRANTY STATEMENT: The undersigned applicant represents and warrants that the statements and facts included in this application, including Attachment A, and any supplemental information provided to the Company are true and that no material facts have been suppressed or misstated. Should the applicant become aware of any change, or error or omission, involving any information provided herein, the applicant warrants that the applicant will notify the Company as soon as practicable after first becoming aware of such change, error or omission. The applicant further acknowledges that the Company shall make decisions in reliance upon the information provided herein (including Attachment A), including, but not limited to, the acceptability of the account based on the information contained herein and all supplemental information submitted therewith.

PLEASE READ THE FOLLOWING STATE FRAUD NOTICES

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES."

NOTICE TO FLORIDA APPLICANTS: "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 IN THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OR INSURANCE BENEFITS."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO NEW YORK APPLICANTS: "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, 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 VALUATION."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATIONS 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE FO DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Applicant: _____ **Date:** _____

(Signature of Officer of Corporation)

Applicant: _____

(Print Name and Title of Officer above)

BROKER _____ DATE _____

(Print Name of Firm)

_____

(Address of Brokerage Firm)

_____

(Contact Person & Telephone Number)

ATTACHMENT A – Complete this section for each property

PROPERTY INFORMATION

1. Name and Address of Property:_____

2. What is the Named Insured's interest in the property? _____

3. **MATERIALS STORAGE**
   a. Complete the following table for all materials stored in drums or other containers. Use separate sheet if needed.

Type of Material	Solid, Liquid or Gas	Maximum Amount	Annual Usage

   b. Complete the following table and identify all existing underground and above ground storage tanks. Use separate sheet if needed.

AST or UST	Tank Number	Tank Size (gallons)	Contents	Date of Installation	Tank Construction	Date and results of last tank testing

4. **PROPERTY USE** – Please complete the following table. If an applicable property use is not specified, use OTHER

TYPE OF USE		CHECK ALL USES THAT OCCURRED AT THE PROPERTY IN THE PAST	CHECK ALL USES THAT NOW TAKE PLACE AT THE PROPERTY	CHECK ALL USES EXPECTED TO TAKE PLACE AT THE PROPERTY IN THE FUTURE	CHECK ALL USES THAT NOW TAKE PLACE AT SURROUNDING PROPERTIES
Agricultural					
Auto Repair/Service					
Commercial Printing					
Dry Cleaning					
Gasoline Station					
Habitational/Residential					
Hospital/Healthcare					
Industrial, Heavy					
Industrial, Light					
Landfill/Dumpsite					
Manufacturing, Chemical					
Manufacturing, Other					
Office					
OTHER (not specified elsewhere) See Below					
Photo-Developing					
Petroleum Storage/Distribution					
Plating					
School/Daycare					
Unimproved Land					
Warehousing, Hazardous Materials					
Warehousing, Other					
Waste Treatment, Storage or Disposal					

Describe "OTHER": _____

5. WASTE MANAGEMENT
   a. Are wastes produced, treated, processed or stored at the property? ☐ YES ☐ NO
      i. If yes, please answer the following:
         1. Types of waste:
         2. Maximum amount of waste at any one time:
         3. Method of storage:
         4. Method of disposal:

6. ENVIRONMENTAL INFORMATION
   a. Has any building structure been tested for lead-based paint, asbestos or radon? ☐ YES ☐ NO
   b. Has fill material ever been used at the property? ☐ YES ☐ NO
   c. Are there any dry wells, septic systems, leach fields or oil/water separators at the property? ☐ YES ☐ NO
   d. Has any remediation or monitoring of soil or groundwater ever taken place at the property? ☐ YES ☐ NO
   e. Has there ever been any testing of soil, groundwater, surface water or air at the property? ☐ YES ☐ NO
   f. Does the use of the property require any environmental permits? ☐ YES ☐ NO
   g. Are there any plans to conduct any testing of soil, groundwater or surface water at the property? ☐ YES ☐ NO

   FOR ANY “YES” RESPONSE, PLEASE PROVIDE COMPLETE DOCUMENTATION

7. OTHER INFORMATION
   a. Are any site development activities planned for the property within the next five years? ☐ YES ☐ NO
   b. Are any buildings or other structures at the property planned to be demolished? ☐ YES ☐ NO
   c. Are any buildings or other structures at the property planned to be renovated? ☐ YES ☐ NO

   FOR ANY “YES” RESPONSE, PLEASE PROVIDE COMPLETE DOCUMENTATION