



# Site pollution liability application

(Claims made form)

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1. Name of applicant:

2. Mailing address

Phone No.

City, state, and zip code

3. Date established

Corporation

Partnership

Individual

4. During the past five years has the name of the firm been changed or has any other business been purchased or any merger of consolidation taken place?

Yes

No

If yes, please give full details

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5. Is the firm engaged in, owned by, associated with or controlled by any other business: If yes, give details

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6. Coverages requested:

Commercial General Liability

Yes

No

Contractors Pollution Liability

Yes

No

Professional Liability

Yes

No

Limits of Liability requested

Deductible

Policy term

Retroactive date

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7. Schedule of Locations to be covered (address, state, and zip code):

1.

2.

3.

4.

5.

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7.

8.

9.

10.

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8. Gross Revenues (Past three years):

Estimated for the next twelve (12) months:

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Prior twelve (12) months:  
Prior twelve (12) months prior:

9. Please provide the following additional information as an attachment to this application:
- a. Attached Supplemental Application for each location to be covered
  - b. Resumes of key personnel
  - c. Most recent annual income statement and balance sheet
  - d. Any applicable environmental report, including any phase I or II environmental site assessment, corrective action plans, or closure reports.
  - e. Complete details of any fines, permit violations or public complaints
  - f. Copies of any Spill Prevention, Control and Countermeasure (SPCC) procedures

10. Has any application for Liability Insurance made on behalf of the firm, any predecessors in business or present partners ever been declined or has the insurance ever been cancelled or renewal refused? Yes    No  
If yes, please give details:

11. Has any claim ever been made against the firm or any persons named in item 1? Yes    No    If yes,  
please attach details stating: 1) date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition.

12. Is the Applicant aware of any circumstances which may result in any claim against him, the firm, his predecessors in business, or any of the present or past Partners or Officers? Yes    No  
If yes, please give full details on the same basis as item 20.

13. Has any insurer cancelled or refused to renew any similar insurance during the past five years?

14. The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy.

<b>Signature of applicant</b>	
<b>Print name</b>	
<b>Title</b>	
<b>Date</b>	
<b>Producer</b>	



9. Wastewater handling:

Constituent	Discharge limit	Receiving body	Outfall #	Treatment

10. Waste generation

Waste	Quantity/year	Treatment	Disposal	Quantity	Date started

11. Off site disposal

Waste	Quantity/year	Treatment	Disposal	Quantity	Date started

12. Onsite disposal:

a. Active landfill: b. Total acreage: c. Permitted:                      Yes    No d. Liner details: e. Leachate Collection:            Yes    No f. Monitoring wells:                Yes    No g. Number of wells: h. Age: i. Type of waste accepted:			
Closed/In-active landfill: a. Active landfill: b. Total acreage: c. Permitted:                      Yes    No d. Liner details: e. Leachate Collection:            Yes    No f. Monitoring wells:                Yes    No g. Number of wells: h. Age: i. Type of waste accepted:			
Injection well: a. Years of operation: b. Permitted                              Yes    No c. Number if wells: d. Type of waste accepted:			

13. Air emissions:

Source	Quantity/year	Pollutant	Treatment	Permit limit	Date started

14. Underground tanks:

ID	Date installed	Capacity (gal)	Contents	Construction <sup>1</sup>	Leak detection <sup>2</sup>	Last tightness test	Permit

15. Above ground tanks

ID	Date installed	Capacity (gal)	Contents	Construction <sup>1</sup>	Containment

<sup>1</sup>Construction

SW= Single Wall

DW=Double Wall

CPS= Cathodic Protection

FRP=Fiberglass

FCS=FRP-Clad Steel

BS= Bare Steel

<sup>2</sup>Leak detection

ATG=Auto Tank Gauging

INT=Interstitial Monitoring

DIC=Daily Inventory Control

MVM=Vapor Monitoring Wells

MGM=Groundwater Monitoring Wells

PTT=Precision Tightness Test

SIR=Statistical Inventory Control

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16. Has this location been cited or prosecuted for any violation of any standard or law relating to the release of a substance into the environment?    Yes    No    If yes, provide details:

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17. Has this location ever been sued or requested to pay any damages or to perform any cleanup activities with respect to any actual or alleged pollution incident either on the facility or to an offsite party or location?    Yes    No    If yes, provide details:

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18. List all environmental losses paid over the past ten years:

<u>Date</u>	<u>Amount</u>	<u>Details</u>
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