

## POLLUTION LEGAL LIABILITY INSURANCE APPLICATION

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**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.

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

1. Copies of all environmental audit or assessment reports that 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.

**I. APPLICANT INFORMATION**

<b>Insured:</b>			<b>Date:</b>
<b>Address:</b>			<b>Phone:</b>
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>E-Mail:</b>
<b>Company is:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____ <span style="margin-left: 200px;"><i>(please describe)</i></span>			

**II. REQUESTED COVERAGE**

<p>1. Coverage Requested:</p> <p><input type="checkbox"/> New Business   <input type="checkbox"/> Renewal</p> <p><input type="checkbox"/> Third Party Pollution Liability   <input type="checkbox"/> Transportation Pollution</p> <p><input type="checkbox"/> On-Site Cleanup   <input type="checkbox"/> Non-Owned Disposal Site Coverage</p> <p>4. Other Coverages and Endorsements: _____</p> <p>5. Have you ever had site pollution coverage before?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If so, please provide coverage dates: _____ - _____</p>	<p>2. Proposed Effective Date: _____</p> <p>Proposed Retroactive Date: _____</p> <p>3. Limits Of Liability/Deductible:</p> <p>Limits Requested: _____</p> <p>Deductible Requested: _____</p> <p>-- or --</p> <p>SIR requested: _____</p>
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**III. DESCRIPTION – Please complete the following for all locations you wish to be covered.**

LOCATION	ACREAGE	DESCRIPTION OF CURRENT OPERATIONS	LENGTH OF OPERATIONS
1.			
2.			
3.			
4.			
5.			
6.			

**IV. DESCRIBE CURRENT OPERATIONS:**

**V. LIST ALL STRUCTURES ON THE PROPERTY:**

**VI. ARE THERE ADDITIONAL OCCUPANTS ON THIS PROPERTY (OWNED OR LEASED):**

Yes     No    If yes, please list below

**VII. PROVIDE SITE HISTORY INCLUDING ALL PAST LAND USE AND THE TIME PERIOD FOR EACH OPERATION:**

**VIII. HAS THERE EVER BEEN ANY STORAGE OR DISPOSAL PRACTICES AT THE SITE INCLUDING ANY ON SITE DISPOSAL? If so, please explain in detail below:**

**IX. PRIOR LIABILITY CARRIER INFORMATION**

1. Coverage Form    2. Carrier    3. Receipts    4. Limit of Liability    5. Deductible    6. Policy Type    7. Rate    8. Premium

1.							
2.							
3.							

4. Has any policy or coverage been declined, cancelled and/or non-renewed during the prior three years?

Yes (If yes, please explain): \_\_\_\_\_  
 No

**X. HISTORY OF COMPANY**

1. Date Company Was Established: \_\_\_\_\_

2. Have there been any consolidations, dissolutions, acquisitions and/or mergers?  
 Yes  
 No

If yes, please explain:

3. Does the firm have:  
 Subsidiaries  
 A parent company  
 Other related entities

If so, please explain:

4. Do you share employees?  
 Yes  
 No

If yes, please explain:

**XI. ANNUAL REVENUE – Provide revenue base from the following:**

\$ _____	Past Year	See <a href="http://www.lakeworth.org/city-hall/finance/">http://www.lakeworth.org/city-hall/finance/</a>
\$ _____	Current Year	<a href="#">budget/archives/</a> for CAFR.
\$ _____	Upcoming Estimate	

**XII. ENVIRONMENTAL INFORMATION:**

1. Has fill material ever been used at the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has any remediation or monitoring of soil or groundwater ever taken place at the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has there ever been any testing of soil, groundwater, surface water or air at the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the use of the property require any environmental permits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are there any plans to conduct any testing of soil, groundwater or surface water at the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Has any building structure been tested for lead-based paint, asbestos or radon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are there any dry wells, septic systems, leach field or oil/water separators at the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**XIII. HAZARDOUS WASTE AND MATERIALS****Does this property generate, handle, store or dispose of any hazardous waste or materials?** Yes  No

If yes, please complete the following:

1. Describe the disposal method used:

2. Type of hazardous waste or materials:

3. Describe the on site storage practices and storage areas:

**XIV. STORAGE TANKS****Does this property presently have any storage tanks?** Yes  No

If yes, please explain the tank inventory control program:

AST/UST	Tank No.	Tank Construction	Tank Size (Gals.)	Age	Date of Installation	Contents	Secondary Containment	Date & Results of Last Testing
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

**XV. PROPERTY LOCATION**

1. **Provide a description of adjacent properties:**  
a. North:  
b. South  
c. East:  
d. West:

2. **Identify any surface or groundwater uses in the area (drinking wells, etc.):**

3. **Is public water and sewer available:**  Yes  No

4. **Are there any protected environments in the area or sensitive receptors (parks, wildlife preserves, etc.) or school areas where children may frequent:**  Yes  No  
If yes, please describe:

5. **Identify nearby surface water bodies including approximate distances (i.e. streams, lakes, wetlands):**

6. **Provide information on any mandated or voluntary monitoring performed at considered location (i.e. groundwater monitoring wells, NPDES, CAA, etc.):**

**XVI. WASTE HANDLING****Does your facility treat, process, separate or store any type of waste (i.e. liquid, solid, wastewater)?** Yes  No

If yes, please complete the following:

1. Type of Waste:

2. Describe the waste treatment operation:

3. Maximum amount of waste processed per day:

4. Maximum amount of waste stored at any one time:

5. Daily operating procedures in place?  Yes  No

6. Are emergency procedures in place?  Yes  No

7. Identify effluent discharge points for wastewater and storm water:

**XVII. LANDFILL****Do you now or have you ever had a landfill on site?** Yes  No

If yes, please complete the following:

1. Acreage: Active Landfill: \_\_\_\_\_ Closed Landfill: \_\_\_\_\_ Vacant Land: \_\_\_\_\_

2. Type of waste collected:

3.	Is the landfill lined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type of liner: _____ Material: _____ Thickness: _____
4.	Is there a leachate collection system in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount of leachate produced annually? _____
5.	Number of active groundwater monitoring wells in place?	_____ Total	_____ Up gradient	_____ Down gradient
6.	Are daily operating procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7.	Are emergency procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**XVIII. VIOLATIONS**

1.	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please provide the details:		
2.	If yes, have you ever been prosecuted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please provide the details:		

**XIX. CLAIMS**

1.	Please describe any pollution claims which have occurred during the last five years, (if none, please state so):		
2.	At the time of signing this application are you aware of any circumstances that may reasonably be expected to give rise to a claim under this policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please provide the details:		

**FRAUD WARNING: APPLICABLE TO ALL STATES**

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, 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 signatory declares that (s)he is authorized by the Applicant to sign this application on behalf of all prospective **Insureds** and that to the best of his/her knowledge the statements herein are true. The signatory agrees that if the information supplied in this application and the materials submitted therewith should change between the date this application is signed and the effective date of the proposed insurance, the signatory shall immediately notify the **Insurer** of such and shall provide the **Insurer** with information that would complete, update or correct the application or materials submitted therewith. The **Insurer** may withdraw or modify any of the terms or conditions of coverage accordingly.

**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 insurance act, which is a crime.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_