

**POLLUTION LEGAL LIABILITY
FIXED SITE COVERAGE
INSURANCE APPLICATION**



Leo
Risk Services

INSTRUCTIONS

- Please complete all sections. If any section does not apply, indicate with N/A. Attach additional pages if needed.
- This application must be signed and dated by an owner, principal or other duly authorized person.

ATTACHMENTS

Please submit the following with your application as applicable:

- All available environmental reports for each location requesting coverage, including audits, Phase I and II reports and remedial action work plans
- Most recent two years audited financials, including income statement and balance sheet
- Past five years currently valued loss runs for Pollution and General Liability.

PART I – APPLICANT

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Contact Name: _____ Email: _____

Contact Title: _____ Website: _____

Company is a: Corporation Partnership Joint Venture Other (specify): _____

Year Established: _____

PART II – COVERAGE

Existing Coverage:

	Carrier	Limits	Ded/SIR	Eff. Dates	Retro Date	Premium
PLL						

Requested Coverage (complete all that apply):

	Per Incident Limit	Aggregate Limit	Deductible/SIR
A. Cleanup – Pre-Existing Conditions			
B. Cleanup – New Conditions			
C. Bodily Injury and Property Damage from Pollution Conditions			
D. Bodily Injury, Cleanup and Property Damage from Transported Cargo			
E. Business Interruption Caused by Pollution Conditions			(in days)

Proposed Effective Date: _____ Proposed Policy Term: One year Other (specify): _____

PART III – COMPANY AND SITE INFORMATION

1. Has your firm experienced any merger, acquisition, consolidation or divestiture? Yes No
 If yes, please describe: _____

2. Please list any subsidiaries: _____

3. Total gross revenue for the most recent 12-month period: \$ _____

Total estimated gross revenue for the next 12-month period: \$ _____

Site 1 (for additional sites, please use schedule on the last page of this application)	
Site name and address	
Current operations	
Years of use	
Size of facility/site	
Previous use (if different)	<input type="checkbox"/> No change in use
Ownership	<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Other:
Surrounding land use	North: South: East: West:
Known contamination? If yes, describe:	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Environmental permits required? (e.g. air, NPDES, etc.) If yes, describe and attach a copy.	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Public water or sewer available? If yes, explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes:
On-site wells, sewer or septic systems? If yes, describe:	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Protected environments or sensitive receptors (parks, public drinking water, schools, etc.) nearby? If yes, describe:	<input type="checkbox"/> No <input type="checkbox"/> Yes:

4. Has any voluntary or mandated remediation or monitoring of soil or groundwater ever taken place at any property? Yes No
 If yes, please describe: _____

5. Has there ever been any testing of air, soil or groundwater at any property, including environmental Phase I or II studies or environmental audits? If yes, attach. Yes No

6. Are there plans to conduct any testing of air, soil or groundwater at any property? Yes No
 If yes, please describe: _____

PART IV – HAZARDOUS MATERIALS

7. Does any property generate, handle, store or dispose of hazardous materials or waste? Yes No

If yes, please complete the following:

Type of Material	Monthly Volume	Max Stored Onsite at One Time	Storage Method	Disposal Method	Disposal Facility

8. Please check all that apply to your solid and hazardous waste disposal: None of these apply

- Large quantity generator (> 1,000 kg/month)
- Small quantity generator (100-1,000 kg/month)
- Conditionally exempt (<100 kg/mo)
- TSD facility
- Used oil program
- Secondary containment provided

PART V – RISK MANAGEMENT

9. How does your firm address loss prevention? Check all that apply and provide documentation when applicable.

- Environmental manager onsite
- SPCC plan
- Stormwater Pollution Prevention Plan
- Environmental training plan
- Written engineering controls
- ISO 14000 certified
- HAZCOM plan
- Other (please describe): _____

10. Has your Pollution Legal Liability coverage ever been canceled or non-renewed? Yes No

If yes, please explain: _____

11. In the last five years, have you been or do you anticipate being named, cited or prosecuted for a violation of any standard or law relating to the release or threatened release of a pollutant? Yes No

If yes, please describe: _____

12. Has the company ever been named as a Potentially Responsible Party (PRP) in association with any property? Yes No

If yes, please describe: _____

13. Please describe any claims made in the last five years for clean-up or response action, “toxic tort” or property damage, resulting from the release of oil, hazardous materials or waste, or any other pollutant into the environment:

No claims in the past five years.

14. At the time of signing this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim arising from the release of pollutants? Yes No

If yes, please explain: _____

PART VI – STORAGE TANKS

15. Are storage tanks present on any property? Yes No

If yes, please complete the following and attach most recent leak detection and/or tightness tests. Attach additional sheets if needed.

Location	Aboveground/ Underground	Year Installed	Double/Single Walled	Construction	Contents	Capacity (gallons)	Type of Secondary Containment
	<input type="checkbox"/> AST <input type="checkbox"/> UST		<input type="checkbox"/> DW <input type="checkbox"/> SW				
	<input type="checkbox"/> AST <input type="checkbox"/> UST		<input type="checkbox"/> DW <input type="checkbox"/> SW				
	<input type="checkbox"/> AST <input type="checkbox"/> UST		<input type="checkbox"/> DW <input type="checkbox"/> SW				
	<input type="checkbox"/> AST <input type="checkbox"/> UST		<input type="checkbox"/> DW <input type="checkbox"/> SW				

PART VII – TRANSPORTED CARGO

16. Are you requesting coverage option D (Transported Cargo)? Yes No

If yes, please complete the following and attach fleet list and auto loss runs.

- a. Percentage of cargo transported by: You (1st party) _____% Subcontractor (3rd party) _____%
- b. Number of vehicles transporting hazardous materials by type, including owner-operators:

Tractors	_____	Tank Trailers >3,500 gal	_____
Tank/Vacuum Trucks	_____	Tank Trailers ≤ 3,500 gal	_____
Flat Bed Trucks	_____	Flat Bed/Box Trailers	_____
Dump Trucks	_____	Passenger Vehicles	_____
Pickup Trucks/Vans	_____	Other (describe):	_____
- c. Containment Type: Bulk: _____% Container: _____%
- d. What percentage of cargo contains hazardous materials? _____%
- e. Hazardous materials transported: _____
- f. Other commodities transported: _____
- g. Average length of trip: _____ Maximum length of trip: _____
- h. Number of full-time drivers: _____ Part-time drivers: _____ Owner-operators: _____
- i. Have you had pollution claims from transported cargo in the last five years? Yes No
If yes, please describe: _____

PART VIII – BIOLOGICAL CONTAMINANTS (MOLD)

Are you requesting coverage for biological contaminants, including mold? Yes No

If yes, please complete the Biological Contaminants (Mold) and Indoor Air Quality supplemental application.

PART IX – BUSINESS INTERRUPTION

Are you requesting coverage option E (Business Interruption)? Yes No

If yes, please attach your business income worksheet.

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

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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, 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.

NOTICE TO ALL OTHER 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 or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. 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. If an order is received, the application is attached to the policy, so it is necessary that all questions be answered in detail.

Applicant signature:	_____	Date:	_____
Applicant name and title (print):	_____		
Broker (print name and firm):	_____	Contact:	_____
Broker address:	_____	Telephone:	_____
	_____	Email:	_____

**POLLUTION LEGAL LIABILITY
FIXED SITE COVERAGE**



Additional Locations Schedule			
Site name and address			
Current operations			
Years of use			
Previous use (if different)	<input type="checkbox"/> No change in use	<input type="checkbox"/> No change in use	<input type="checkbox"/> No change in use
Ownership	<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Other:	<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Other:	<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Other:
Surrounding land use	North: South: East: West:	North: South: East: West:	North: South: East: West:
Known contamination? If yes, describe:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Environmental permits required? (e.g. air, NPDES, etc.) If yes, describe and attach a copy.	<input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Public water or sewer available? If yes, explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> No <input type="checkbox"/> Yes:
On-site wells, sewer or septic systems? If yes, describe:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Protected environments or sensitive receptors (parks, public drinking water, schools, etc.) nearby? If yes, describe:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> No <input type="checkbox"/> Yes: