



**Leo**  
Risk Services

**Leo Risk Services, Inc.  
Site Pollution Liability Application  
(Claims Made Form)**

1. NAME OF APPLICANT: \_\_\_\_\_

2. MAILING ADDRESS: \_\_\_\_\_ Phone No. \_\_\_\_\_

CITY, STATE & 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

6. Coverages requested:

Third Party Liability Yes \_\_\_\_\_ No \_\_\_\_\_

On Site Clean Up Yes \_\_\_\_\_ No \_\_\_\_\_

Limits of Liability requested \_\_\_\_\_ Deductible \_\_\_\_\_

Policy Term \_\_\_\_\_ Retroactive Date \_\_\_\_\_

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

8. Gross Revenues (Past three years): \_\_\_\_\_  
Estimated for the next twelve (12) months: \_\_\_\_\_  
Prior twelve (12) months: \_\_\_\_\_  
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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Producer

