

**Premises Pollution Liability Coverage Application**

**(Claims-Made Coverage)**

**Instructions:**

* Please type or print clearly.
* Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print “N/A” in the space.
* Provide any supporting information on a separate sheet using your letterhead and reference the applicable question number.
* Check Yes or No answers.
* This form must be completed, dated and signed by a principal of your Company.

**Required Attachments:**

* Please provide copies of your past two (2) years of audited financial statements and annual reports.
* Summary of Environmental Site Assessments/Remediation (past, current, planned)
* Tank Schedule (check here if not applicable)
* Permit Schedule (check here if not applicable)

**NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy and any endorsement thereto, which provides coverage on a CLAIMS-MADE BASIS for any claims made and reported to the Insurer, in writing, during the policy period, arising from pollution conditions resulting from covered locations.**

1. Name of Proposer:

Principal Contact:       E-mail Address:

Business license/ Investment license No:

Legal representative:

Mailing Address:

Telephone #:       Fax #:

URL: http://       Date Established:

Company is: Corporation  Partnership  Joint Venture  LLC/LLP

Other:

**2.** Subsidiary, predecessor, acquired, parent, affiliated, or merged firms for which coverage is requested:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Firm:** | **Date of Formation or**  **Transaction:** | **# of Professional Staff that Joined the Insured:** | **% of Firm Annual Billings Assigned to the Insured:** |
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**3.** Details of covered locations: *(continue on a separate sheet, if necessary)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Company Name:** | **Street Address**  **City, State Zip Code:** | **Standard Industrial Classification Code:**  **SIC** | **Year Operations Began:** | **Facility Size:**  **(acres or square feet)** | **Known Pre-existing Contamination Present? :** |
| *e.g. ABC Company* | *123 Yellowbrick Rd.*  *Lawrence, KS 66044-1355* | *2396* | *1967* | *5.75 acres* | *Yes* |
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1. If Yes, please provide details on a separate sheet. Include at a minimum:

* Prior Environmental Site Assessments (dates);
* Past, current, planned sampling/remediation; etc.
  1. Insured’s total gross revenues in the last filed tax return, excluding recovered expenses:

$      [for the period ending: month       year       ]

1. Insured’s estimated gross revenues for the current fiscal year: $
2. Desired effective date of coverage:
3. Limits of Liability and Self Insured Retention requested:

|  |  |
| --- | --- |
| **Limits of Liability:** | **Self Insured Retention:** |
| Per Loss: $ | Per Loss: $ |
| Aggregate: $ |  |

1. Within the past five (5) years has the applicant purchased this type of

insurance coverage?  YES  NO

* 1. *If “Yes”, please provide information regarding any such coverage and all available loss information.*

1. Within the past five (5) years have any claims been made or legal actions

(including any regulatory proceedings) been brought against the applicant

or other party to the proposed insurance?  YES  NO

1. Does the applicant or other party to the proposed insurance have knowledge

of any pollution conditions at any of the proposed covered locations?  YES  NO

1. At the time of signing this application, are you aware of any circumstances that

may reasonably be expected to give rise to a claim against any insured?  YES  NO

*If “Yes” to either* ***9.****,* ***10.****, and/or* ***11****. above, provide a brief description of the claim or circumstance (indicate the alleged incident, location, date, type of injury, etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.*

***\*IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.***

**BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT’S ACCEPTANCE OF THE COMPANY’S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.**

**Any person who knowingly and with intent to defraud any Insurance company or ANother person, files an application for insurance or statement of claim containing any materially false information, or conceals Information for the purpose of misleading, commits a fraudulent insurance act. such an act is a crime and subjects such person to criminal and civil penalties.**

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| --- | --- | --- |
| Signature of Authorized Applicant |  | Signature of Broker/Agent |
| Print Name | Print Name |
| Title |  | Date |
| Date |  | Signed by Licensed Resident Agent  (Where Required By Law) |