



ace westchester  
specialty group

## PREMISES POLLUTION LIABILITY APPLICATION

### PREMISES POLLUTION LIABILITY COVERAGE APPLICATION – CLAIMS MADE

Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A".

**PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:**

- 1) Copies of any site specific environmental reports completed during the past 5 years for the covered location(s)
- 2) Audited financial statement and balance sheet from the past two (2) years
- 3) Five years of currently valued loss runs for all lines of coverage

| APPLICANT INFORMATION   |     |       |                |         |      |
|---|-----|-------|----------------|---------|------|
| NAME OF APPLICANT   |     |       |                |         | DATE |
| MAILING ADDRESS   |     |       |                |         |      |
| CITY  |     | STATE | ZIP CODE       | WEBSITE |      |
| PRINCIPAL ENVIRONMENTAL CONTACT   |     |       | TITLE          |         |      |
| TELEPHONE   | FAX |       | EMAIL          |         |      |
| DATE FIRM WAS ESTABLISHED   |     |       | PARENT COMPANY |         |      |
| Company is: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Other: _____ |     |       |                |         |      |

| REQUESTED COVERAGE  |                       |                          |
|---|-----------------------|--------------------------|
| COVERAGE REQUESTED<br><input type="checkbox"/> ONSITE CLEANUP <input type="checkbox"/> OFFSITE CLEANUP <input type="checkbox"/> BODILY INJURY & PROPERTY DAMAGE |                       | PROPOSED EFFECTIVE DATE  |
| PROPOSED RETROACTIVE DATE   | PROPOSED LIMITS<br>\$ | PROPOSED RETENTION<br>\$ |

| PREVIOUS POLLUTION COVERAGE  |                 |         |           |                  |         |
|--|-----------------|---------|-----------|------------------|---------|
| Current Carrier  | Effective Dates | Limits  | Retention | Retroactive Date | Premium |
|  | to              | \$ / \$ | \$        |                  | \$      |
|  | to              | \$ / \$ | \$        |                  | \$      |
|  | to              | \$ / \$ | \$        |                  | \$      |
| HAS ANY INSURANCE COMPANY EVER DENIED, CANCELLED, OR NON-RENEWED POLLUTION LIABILITY COVERAGE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PLEASE EXPLAIN: |                 |         |           |                  |         |

**COVERED LOCATION INFORMATION**  
 PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY.

| COVERED LOCATION INFORMATION   |               |  |
|--|---------------|--|
| FACILITY NAME  |               |  |
| STREET ADDRESS   |               |  |
| CITY   | STATE         | ZIP CODE   |
| SIC CODE:  | YEAR STARTED: | ACREAGE:   |
| DESCRIBE CURRENT OPERATIONS AND IF ANY PRODUCTS ARE MANUFACTURED:  |               |  |
| DESCRIBE KNOWN HISTORICAL OPERATIONS AT THE LOCATION:  |               |  |
| FOR THIS LOCATION, PLEASE DESCRIBE ADJACENT PROPERTIES:  |               |  |
| NORTH _____  | SOUTH _____   |  |
| EAST _____   | WEST _____    |  |
| DISTANCE TO THE CLOSEST RESIDENTIAL AREA: _____  |               |  |
| DISTANCE TO NEAREST BODY OF WATER: _____   |               | TYPE OF WATER BODY (pond, river, stream, etc): _____ |
| NUMBER OF GROUNDWATER WELLS: _____   |               | TYPE OF WELL (drinking or monitoring): _____         |
| IS PUBLIC WATER & SEWER PROVIDED AT THIS LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO                                    |               |  |
| IS THE LOCATION WITHIN A FLOOD PLAIN <input type="checkbox"/> YES <input type="checkbox"/> NO  |               |  |
| ARE THERE ANY PLANS FOR FUTURE DEVELOPMENT OF THIS LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE. |               |  |

| SHIPMENT INFORMATION  |  |
|---|--|
| FOR THIS LOCATION, PLEASE DESCRIBE THIRD PARTY SHIPMENT PROCEDURES: |  |
| TYPES OF PRODUCTS SHIPPED: _____                                    | AMOUNT OF PRODUCTS SHIPPED PER WEEK: _____   |
| METHOD OF SHIPMENT (RAILROAD, AUTO, TRUCK, BOAT, etc): _____        | ARE PRODUCTS SHIPPED BY PROPERLY LICENSED CARRERS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

| ADDITIONAL INFORMATION   |
|--|
| FOR THIS LOCATION, PLEASE IDENTIFY:  |
| HAZARDOUS MATERIALS/CHEMICALS USED, TREATED, OR STORED? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, COMPLETE ADDENDUM A) |
| ANY TREATMENT FACILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, COMPLETE ADDENDUM B)                               |
| LANDFILL, TRANSFER STATION, OR RECYCLING FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, COMPLETE ADDENDUM C)      |
| UNDERGROUND OR ABOVE GROUND STORAGE TANKS? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, COMPLETE ADDENDUM D)              |
| <b>If you answer yes to any of the above, a completed addendum will need to be provided.</b>   |

**ENVIRONMENTAL INFORMATION**

HAVE ANY ENVIRONMENTAL STUDIES, REPORTS, OR AUDITS (SUCH AS AN ENVIRONMENTAL SITE ASSESSMENT) EVER BEEN PREPARED FOR THIS LOCATION?  YES  NO IF YES, PLEASE PROVIDE COPIES WITH THIS APPLICATION.

DOES THE LOCATION HAVE ANY RELEVANT ENVIRONMENTAL PERMITS (RCRA, UST, NPDES, etc.)?  YES  NO IF YES, PLEASE PROVIDE COPIES WITH THIS APPLICATION.

**COMPLIANCE HISTORY**

ARE YOU AWARE OF ANY NOTICES OF VIOLATION, FINES, PENALTIES, COMPLAINTS, OR RECEIVED ANY CLAIMS OR SUITS RELATING TO ANY POLLUTION CONDITIONS?  YES  NO  
IF YES, PLEASE EXPLAIN:

ARE YOU AWARE OF ANY PAST OR PRESENT POLLUTION CONDITIONS, OR ANY CIRCUMSTANCES WHICH MAY REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM?  YES  NO  
IF YES, PLEASE EXPLAIN:

ARE YOU AWARE IF ANY OF THE COVERED LOCATION(S) ARE IN NON-COMPLIANCE OF ANY LOCAL, STATE, OR FEDERAL ENVIRONMENTAL REGULATIONS, STANDARDS, OR STATUES?  YES  NO  
IF YES, PLEASE EXPLAIN

*\*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.

|                                   |                           |
|-----------------------------------|---------------------------|
| Signature of Authorized Applicant | Signature of Broker/Agent |
| Print Name                        | Print Name                |
| Title                             | Agency Name               |
| Date                              | Date                      |



**ADDENDUM B – TREATMENT FACILITIES**

PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY

| COVERED LOCATION INFORMATION   |             |
|--|-------------|
| NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:   |             |
| FACILITY EPA ID #:   | STATE ID #: |
| IS THE FACILITY PERMITTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BY WHOM? |             |

| FACILITY BACKGROUND  |  |
|--|--|
| TYPE OF TREATMENT FACILITY (CHECK BOX)   |  |
| <input type="checkbox"/> PROCESS WATER   | <input type="checkbox"/> WASTEWATER      |
| <input type="checkbox"/> DRINKING WATER  | <input type="checkbox"/> HAZARDOUS WASTE |
| <input type="checkbox"/> OTHER:  |  |
| WHEN WAS THE FACILITY BUILT?   | WHEN WAS THE FACILITY PERMITTED?         |
| MAXIMUM PERMITTED AMOUNT TREATED:  | AVERAGE DAILY AMOUNT TREATED:            |
| PLEASE DESCRIBE TREATMENT METHODS:   |  |
| IS ANY TREATED MATERIAL OR BY-PRODUCT SOLD OR GIVEN AWAY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN. |  |
| WHERE IS EFFLUENT DISCHARGED:  |  |
| HOW IS ACCESS TO THE FACILITY CONTROLLED?  |  |
| DOES THE FACILITY TREAT ANY RADICACTIVE WASTE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN.            |  |

| EMERGENCY RESPONSE PROCEDURES  |
|--|
| DOES THE FACILITY HAVE A WRITTEN EMERGENCY RESPONSE PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE PROVIDE A COPY WITH THIS APPLICATION) |
| ARE EMPLOYEES TRAINED ON EMERGENCY RESPONSE PROCEDURES? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW OFTEN? _____  |

**ADDENDUM C – RECYCLING FACILITIES, TRANSFER STATIONS, OR LANDFILLS**  
**PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY.**

| COVERED LOCATION INFORMATION   |             |
|--|-------------|
| NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:   |             |
| FACILITY EPA ID #:   | STATE ID #: |
| IS THE FACILITY PERMITTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BY WHOM: |             |

| FACILITY BACKGROUND  |   |   |             |
|--|---|---|-------------|
| TYPE OF TREATMENT FACILITY (CHECK BOX)   |   |   |             |
| <input type="checkbox"/> MUNICIPAL LANDFILL.   | <input type="checkbox"/> CONSTRUCTION & DEBRIS LANDFILL | <input type="checkbox"/> HAZARDOUS WASTE LANDFILL |             |
| <input type="checkbox"/> TRANSFER STATION  | <input type="checkbox"/> RECYCLING FACILITY             | <input type="checkbox"/> OTHER: _____             |             |
| WHEN WAS THE FACILITY BUILT?   |   | WHEN WAS THE FACILITY PERMITTED?                  |             |
| MAXIMUM PERMITTED DAILY TONNAGE AMOUNT ACCEPTED:   |   | AVERAGE DAILY TONNAGE AMOUNT ACCEPTED:            |             |
| TOTAL ACRES:   | DISPOSAL ACRES:   | BUFFER ACRES:                                     | BUFFER USE: |
| PLEASE DESCRIBE MATERIALS ACCEPTED BY THIS FACILITY:   |   |   |             |
|  |   |   |             |
| HOW IS ACCESS TO THE FACILITY CONTROLLED?  |   |   |             |
|  |   |   |             |
| DOES THE FACILITY CURRENT MONITOR THE GROUNDWATER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE MOST RECENT GROUNDWATER MONITORING REPORTS WITH THIS APPLICATION. |   |   |             |

| CELL INFORMATION              |              |              |              |              |
|-------------------------------|--------------|--------------|--------------|--------------|
|                               | ID No. _____ | ID No. _____ | ID No. _____ | ID No. _____ |
| ACTIVE OR CLOSED              |              |              |              |              |
| DATE FIRST USED               |              |              |              |              |
| ESTIMATED CLOSURE DATE        |              |              |              |              |
| LINER TYPE                    |              |              |              |              |
| LINER THICKNESS               |              |              |              |              |
| LEACHATE COLLECTION SYSTEM    |              |              |              |              |
| METHANE COLLECTION SYSTEM     |              |              |              |              |
| GROUNDWATER MONITORING SYSTEM |              |              |              |              |

**ADDENDUM D -- STORAGE TANKS**

PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY.

| COVERED LOCATION INFORMATION                 |                                      |
|--|--------------------------------------|
| NAME, STREET ADDRESS, CITY, STATE, ZIP CODE: |                                      |
| FACILITY EPA ID #:                           | STATE ID #:                          |
| NUMBER OF ABOVEGROUND STORAGE TANKS:         | NUMBER OF UNDERGROUND STORAGE TANKS: |

| STORAGE TANK SCHEDULE                              |              |              |              |              |              |
|--|--------------|--------------|--------------|--------------|--------------|
|  | ID No. _____ | ID No. _____ | ID No. _____ | ID No. _____ | ID No. _____ |
| AST OR UST   |              |              |              |              |              |
| AGE  |              |              |              |              |              |
| CAPACITY (gallons)                                 |              |              |              |              |              |
| PRODUCT CODE                                       |              |              |              |              |              |
| CONSTRUCTION CODE                                  |              |              |              |              |              |
| PROTECTION CODE                                    |              |              |              |              |              |
| LEAK DETECTION CODE                                |              |              |              |              |              |
| SECONDARY CONTAINMENT CODE                         |              |              |              |              |              |
| MOST RECENT TANK TESTING DATE                      |              |              |              |              |              |
| DID IT PASS OR FAIL?                               |              |              |              |              |              |
| HAS THIS TANK BEEN UPGRADED TO THE 1998 STANDARDS? |              |              |              |              |              |
| ASSOCIATED PIPING                                  |              |              |              |              |              |
| LENGTH OF PIPING (feet)                            |              |              |              |              |              |
| AGE  |              |              |              |              |              |
| % OF PIPING UNDERGROUND                            |              |              |              |              |              |
| CONSTRUCTION CODE                                  |              |              |              |              |              |
| PROTECTION CODE                                    |              |              |              |              |              |
| DISPENSER CODE                                     |              |              |              |              |              |
| OIL/WATER SEPARATOR IN USE?                        |              |              |              |              |              |

| CODES                   |                              |                          |
|-------------------------|------------------------------|--------------------------|
| PRODUCT CODE            | CONSTRUCTION CODE            | PROTECTION CODE          |
| D - Diesel              | DWS - Double Wall Steel      | CP - Cathodic Protection |
| G - Gasoline            | DWF - Double Wall Fiberglass | EC - Epoxy Coated        |
| A - Aviation            | STIP - STIP-3 Construction   | V - Tank Vault           |
| U - Used Oil            | SWS - Single Wall Steel      | PL - Pit Liner           |
| O - Organic Chemicals   | SWF - Single Wall Fiberglass | N - None                 |
| I - Inorganic Chemicals | LS - Lined Steel             | P - Painted Tank         |
|                         | UNK - Unknown                | UNK - Unknown            |

| LEAK DETECTION CODE        | SECONDARY CONTAINMENT CODE | DISPENSING CODE |
|----------------------------|----------------------------|-----------------|
| E - Electronic Monitoring  | PC - Poured Concrete       | S - Suction     |
| DS - Dip Stick             | CB - Concrete Block        | P - Pressure    |
| MW - Monitoring Well       | E - Earth                  |                 |
| PT - Pressure Test         | L - Lined                  |                 |
| SI - Statistical Inventory | N - None                   |                 |
| N - None                   | UNK - Unknown              |                 |
| UNK - Unknown              |                            |                 |

**ADDENDUM G – VEHICLE MAINTENANCE FACILITIES**  
**PLEASE COMPLETE FOR EACH COVERED LOCATION AND COPY AS NECESSARY**

| <b>COVERED LOCATION INFORMATION</b>  |   |           |
|--|---|-----------|
| NAME:  |   |           |
| STREET ADDRESS:  |   |           |
| CITY:  | STATE:  | ZIP CODE: |
| FACILITY EPA ID # (If Applicable):   | FACILITY EPA ID # (If Applicable):  |           |
| NUMBER OF ABOVEGROUND STORAGE TANKS:   | NUMBER OF UNDERGROUND STORAGE TANKS:  |           |
| ARE OTHER OPERATIONS PERFORMED AT THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>IF YES, WHAT OPERATIONS ARE PERFORMED?</b>                              |   |           |
| ARE THERE ANY HYDRAULIC LIFTS AT THIS LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>IF YES, HOW MANY HYDRAULIC LIFTS ARE THERE?</b>                         |   |           |
| HAVE ANY OF THE HYDRAULIC LIFT OIL/FLUID TANKS EVER BEEN INSPECTED <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, WHEN? PLEASE PROVIDE DETAILS OF INSPECTION:</b> |   |           |
| FOR THIS LOCATION, PLEASE DESCRIBE ADJACENT PROPERTIES:  |   |           |
| NORTH _____  | SOUTH _____   |           |
| EAST _____   | WEST _____  |           |
| NUMBER OF GROUNDWATER WELLS:   | TYPE OF WELL (drinking or monitoring):  |           |
| DISTANCE TO THE CLOSEST RESIDENTIAL AREA:  | IS THE LOCATION WITHIN A FLOOD PLAIN?: <input type="checkbox"/> YES <input type="checkbox"/> NO |           |
| DOES THIS SITE HAVE PUBLIC SEWER AND WATER? <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |           |
| HAVE YOU RECEIVED ANY NOTICES OF VIOLATIONS WITHIN THE PAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>IF YES, PLEASE EXPLAIN?</b>                 |   |           |
| PROVIDE ANY INFORMATION REGARDING ANY MANDATORY OR VOLUNTARY MONITORING PERFORMED AT THE SITE.   |   |           |
| IDENTIFY AND DESCRIBE ANY PAST STORAGE OR DISPOSAL PRACTICES AT THE SITE INCLUDING ANY ON-SITE DISPOSAL:   |   |           |
| PLEASE PROVIDE INFORMATION ON KNOWN PRIOR USES OF THE MAINTENANCE SITE:  |   |           |
| DOES ANY LOCATION HAVE STORAGE TANKS? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, Please complete Addendum H: Storage Tank Data Sheet.</b>                     |   |           |

**ADDITIONAL ENVIRONMENTAL INFORMATION**

\*PLEASE INCLUDE ALL ENVIRONMENTAL SURVEYS/REPORTS, COMPLIANCE REPORTS, NOTICE OF VIOLATION DOCUMENTS AND ANY OTHER ENVIRONMENTAL DOCUMENTS ASSOCIATED WITH ANY VEHICLE MAINTENANCE FACILITY(IES).