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POLLUTION LEGAL LIABILITY APPLICATION

(Include 10K report, annual report, and flow chart of process if available.)

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY

1. NAMED INSURED: (Include All Subsidiary Companies to be Covered) _____

EPA IDENTIFICATION NUMBER(S): _____

POST OFFICE ADDRESS: _____

LOCATIONS TO BE COVERED: _____

2. NAMED INSURED IS::

Partnership Corporation Joint Venture Other _____

3. HOW LONG HAS THE NAMED INSURED BEEN IN BUSINESS? _____

4. SALES:

(a) ESTIMATED (Ensuing Year): _____

(b) LAST 5 YEARS: 19____ 19____ 19____ 19____ 20____

5. DESCRIBE THE PAST USES OF THE LOCATION(S), INCLUDING ANY INACTIVE OR CLOSED LANDFILLS OR SURFACE IMPOUNDMENTS:

6. DESCRIBE THE FACILITY OPERATIONS. INCLUDE MANUFACTURING OR PRODUCTION PROCESSES AND ANY WASTE TREATMENT OR DISPOSAL ACTIVITIES. (ATTACH A SITE DIAGRAM OUTLINING BUILDINGS, STORAGE AREAS, TANKS, ETC.):

7. PLEASE LIST:

(a) RAW MATERIALS USED AT LOCATION:

(b). PROCESS MATERIALS USED AT LOCATION:

(Plating agents, degreasers, heat treating agents, cleaning solvents, etc.)

(Please use additional sheet if space provided is insufficient.)

DESCRIPTION	QUANTITY OF MATERIAL		METHOD OF STORAGE		
	PER YEAR	ANY ONE TIME	DRUM	UNDERGROUND TANK	ABOVEGROUND TANK





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8. HAS THERE BEEN ANY CHANGE IN PROCESS DURING THE LAST 5 YEARS THAT HAS ALTERED (DECREASED OR INCREASED) THE RISK OF POLLUTION LIABILITY? Yes No

IF SO, GIVE DETAILS: _____

9. DO YOU HAVE AN ENVIRONMENTAL SAFETY COMMITTEE OR ANY EMPLOYEES VESTED WITH SPECIFIC RESPONSIBILITY FOR ENVIRONMENTAL CONTROL? Yes No

IF SO, DESCRIBE THEIR DUTIES AND TO WHOM THEY REPORT: _____

10. ARE THERE ANY STATUTES, STANDARDS, OR OTHER CITY, STATE AND FEDERAL REGULATIONS RELATING TO THE PROTECTION OF THE ENVIRONMENT WHICH APPLY TO ANY LOCATION WITH WHICH YOU CANNOT AT PRESENT COMPLY? Yes No

IF SO, GIVE DETAILS: _____

11. EFFLUENT TREATMENT AND DISCHARGE:

COMPOSITION	TREATMENT PROCESS	DISCHARGE TO	HOW MANY YEARS	QTY/YR

12. SEMI-SOLID AND SOLID WASTE DISPOSAL:

(a) ON-SITE DISPOSAL : (LANDFILL, SURFACE IMPOUNDMENT, DEEPWELL INJECTION, ETC.)

COMPOSITION	QTY/YR	DISPOSAL METHOD	EPA/STATE PERMITTED





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(b) OFF-SITE DISPOSAL

COMPOSITION	ON-SITE STORAGE METHOD	LENGTH OF STORAGE	QTY/YR	DISPOSAL FACILITY

13. TRANSPORTER INFORMATION:

	1	2	3
NAME OF WASTE HAULER			
EPA ID #			
STATE ID #			

14. AIR EMISSIONS:

NATURE:

COMPOSITION

TOXIC GASES & VAPORS

IRRITANT GASES

MALODOROUS GASES & VAPORS

ASPHYXIAN

AEROSOLS

DUST & ASH

VOLUME PER YEAR (WHERE KNOWN): _____

DESCRIBE METHODS AND EQUIPMENT USED FOR COLLECTION AND TREATMENT OF POLLUTING AIR EMISSIONS:

15. THE LOCATION'S SURROUNDING ENVIRONMENT:

(a) PLEASE DESCRIBE THE PROPERTIES IMMEDIATELY ADJACENT TO THE LOCATION(S) TO BE COVERED: _____

(b) PLEASE DESCRIBE THE NATURE OF OTHER INDUSTRIES LOCATED WITHIN A RADIUS OF 3 MILES: _____

16. ADDITIONAL INFORMATION:

(a) PLEASE ATTACH THE LATEST MONITORING RESULTS FOR FACILITY EFFLUENT DISCHARGES, AIR EMISSIONS, LANDFILLS OR SURFACE IMPOUNDMENTS.





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(b) PLEASE ATTACH A SCHEDULE OF ALL STORAGE TANKS INCLUDING THE FOLLOWING INFORMATION: CAPACITY, AGE, ABOVE OR BELOW GROUND, SPILL CONTAINMENT METHODS, CONTENTS, STEEL OR FIBERGLASS, TYPE OF INVENTORY CONTROL, TESTING METHODS.

17. RECORD:

(a) HAVE YOU DURING THE LAST 5 YEARS BEEN PROSECUTED FOR CONTRAVENTION OF ANY STANDARD OR LAW RELATING TO THE RELEASE FROM THE LOCATION OF A SUBSTANCE INTO SEWERS, RIVERS, SEA, AIR OR ONTO LAND? Yes No

IF SO, GIVE DETAILS: _____

(b) PLEASE DESCRIBE ANY POLLUTION CLAIMS DURING THE LAST 5 YEARS (IF NONE, PLEASE SO STATE): _____

(c) AT THE TIME OF SIGNING THIS APPLICATION, ARE YOU AWARE OF ANY CIRCUMSTANCES WHICH MAY REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM UNDER THIS POLICY? Yes No

IF SO, GIVE DETAILS: _____

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

NOTICE TO N.Y. 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 any false material thereto, commits a fraudulent insurance act, which is a crime.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

Applicant _____ Date: _____

Agent/Broker _____

(Title)

Address _____

IF AN ORDER IS RECEIVED, THE APPLICATION IS ATTACHED TO THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

