



XL Facilities Pollution Application

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THIS APPLICATION IS FOR A “CLAIMS-MADE AND REPORTED” POLLUTION AND REMEDIATION LEGAL LIABILITY POLICY.

PLEASE READ THE APPLICANT INSTRUCTIONS BELOW CAREFULLY AND FILL OUT THIS APPLICATION COMPLETELY.

APPLICANT INSTRUCTIONS:

1. Answer all questions; leave no blank spaces. Sections I through III must be completed in their entirety. If you have up-to-date engineering reports (e.g., Phase I Environmental Site Assessment Reports), Section IV does not have to be completed.
2. If any questions do not apply, or the answer is “No”, please indicate.
3. If requesting coverage for multiple locations, answer the questions that pertain to any of the locations and attach a location schedule that lists the requested locations, along with a description and summary of operations/use for each.
4. In addition to completing this Application, please attach copies of the following, if available:
 - Past five (5) years loss runs history.
 - Past two (2) years of the Applicant’s audited financial statements.
5. If Business Interruption Coverage is desired, please attach a copy of a completed business interruption/income worksheet for each location.
6. If Mold Coverage is desired, please attach a completed XL Mold Supplemental Application.
7. If Legionella Coverage is desired, please attach a completed XL Legionella Supplemental Application.
8. If coverage for Landfills is desired, please attach a completed XL Landfill Pollution Supplemental Application.

SECTION I – GENERAL INFORMATION

- 1. APPLICANT NAME:** _____
 Street Address: _____
 City/State/Zip Code: _____
 Contact Name: _____ Contact Title: _____
 Telephone: _____ Fax: _____
 E-mail: _____ Website: _____
 Federal Employer Identification Number: _____
 USEPA Identification Number (if applicable): _____
 Tax Exempt: Yes No If yes, provide evidence of tax exempt status.
- 2. FIRM IS:** Partnership Corporation Joint Venture Other: _____
 Public or Private
- 3. REVENUES:** Estimated (Ensuing Year): 20 \$ _____ Previous Year: 20 \$ _____

4. LOCATION(S) DESCRIPTION:

Please complete the table below for each location in which coverage is to be provided. If additional space is needed, please attach a list of requested locations, along with their address, property description and uses/operations for each.

Location Name	Location Address	Brief Location Description and Use/Business Operations

SECTION II – IN-FORCE POLLUTION COVERAGE SUMMARY

1. CURRENT POLLUTION COVERAGE PROVIDED UNDER OTHER POLICIES:

Whether full pollution coverage or sudden/accidental named peril coverage, please summarize the current in-force pollution coverage in the table provided below. If additional space is needed, please attach.

Current Carrier	Policy Period	Limits and/or Sublimits of Liability	Self-Insured Retention Amount	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

- a. Has any insurance company denied, canceled or non-renewed pollution liability coverage? Yes No
 If yes, please give details:

SECTION III – RECORD, COMPLIANCE HISTORY AND FUTURE SITE PLANS

1. RECORD:

- a. Have you ever been investigated, cited and/or prosecuted for contravention or violation of any standard or law relating to any release of pollutants? Yes No
If yes, please give details:
- b. Have you ever had any pollution claims including, but not limited to, claims by private persons, entities, government agencies or other third parties? Yes No
If yes, please describe:
- c. Are you aware of any past or present contamination on, at, under or migrating from any location listed herein, or any circumstances which may reasonably be expected to give rise to a claim or could generate a request for coverage under this policy? Yes No
If yes, please explain:

2. COMPLIANCE HISTORY:

- a. Have you received any Notices of Violation (NOVs), fines, penalties, complaints, or other enforcement actions regarding compliance with any environmental law within the past five (5) years? Yes No
If yes, please explain:
- b. Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at present comply? Yes No
If yes, please explain:
- c. Has there been any past, present or planned remediation, monitoring, or sampling to investigate potential contamination on, at, under or migrating from any location listed herein? Yes No
If yes, please provide explanation and attach copies of specific documents.
- d. Have any prior environmental studies, reports, audits or investigations been prepared for any location listed herein? Yes No
If yes, attach copies and explain why they were done:

3. FUTURE SITE PLANS AND INVESTIGATIONS:

- a. Does the Applicant have any plans to sell or sublease any part of the location and/or sell any of the business operations performed at any location listed herein? Yes No

If yes, please explain:

- b. Does the Applicant have any plans or are they aware of any plans by a future perspective owner or tenant for development, improvement, betterment, demolition or plans for changes in use or business operations at any location listed herein? Yes No
If yes, please explain:

- c. Does the Applicant have any plans or are they aware of any plans by a future perspective buyer or tenant to initiate or complete any studies, investigations, testing and/or monitoring for environmental conditions at any location listed herein? Yes No
If yes, please explain:

SECTION IV – DETAILED PROPERTY AND PROCEDURES INFORMATION

Please attach copies of any environmental reports, audits or studies that have been conducted for each location listed herein. If these reports, audits or studies are of recent vintage and they can be used to answer the questions listed below, this Section IV. does not have to be completed by the Applicant.

When answering a specific question, please provide information for each location herein and attach a Site Plan.

1. PROPERTY DESCRIPTION:

- a. Size (total acreage):
- b. Square footage under roof:
- c. List of any current structures or buildings (i.e., type of building, age, construction, etc.):
- d. Summary of current occupants and uses or business operations performed:
- e. How long has each of these current business operations been on-going?
- f. How long has each location been controlled by the Applicant?
- g. Describe any changes in the type, use or the presence of any structures or buildings at each location in the past, by either the Applicant or others?

- h. What types of uses or business operations have been performed in the past, if different than those described above, by either the Applicant or others?
- i. How long have those other uses or operations been performed?

2. PROPERTY SETTING:

- a. Provide a description of adjacent land use:

North:

South:

East:

West:

- b. Are there any nearby surface water bodies (i.e., streams, lakes, wetlands, etc.)? Yes No
If yes, please explain:
- c. Are there any protected environments in the area (i.e., parks, wildlife reserves, etc.)? Yes No
If yes, please explain:
- d. Are there any surface or groundwater uses in the area (i.e., drinking wells, etc.)? Yes No
If yes, please explain:
- e. Is public water and sewer used on this location? Yes No
If no, identify what is used in its place:
- f. Has a private well or septic system ever been used on this location? Yes No
If yes, please explain:
- g. Is this location within a 100-year flood plain? Yes No
If yes, have you obtained flood insurance coverage? Yes No
- h. Is this location in an Earthquake Zone 1, 2, or 3 as defined by the International Organization of Standardization (ISO) or an otherwise seismically active area? Yes No
If yes, have you obtained earthquake coverage for this location on your property insurance? Yes No
- i. If this location in an Earthquake Zone 1, 2, or 3 as defined by ISO or an otherwise seismically active area, please describe any special precautions or emergency response procedures used to protect site equipment, tank age, containment, chemical/waste storage areas, etc.

3. ON-SITE MATERIALS:

- a. Do you use any raw or process materials (i.e., plating agents, degreasers, cleaning solvents, etc.)? Yes No

If yes, please complete the table below (if additional space is needed, please attach):

Description	QUANTITY OF MATERIAL		METHOD OF STORAGE	
	Per Year	Any One Time	Type (i.e., drum, etc.)	Secondary Containment

- b. Distance of raw materials/products/waste storage/processing/disposal areas to legal boundary of this location:

At location boundary ≤ 50 feet from legal boundary > 50 feet from legal boundary

- c. Do all storage practices for raw materials or products meet all applicable local, state and/or federal requirements? Yes No

If no, please explain:

- d. Describe the condition of past and current housekeeping at this location including handling and storage areas for raw materials and products.

Satisfactory Needs Improvement Unsatisfactory

- e. Have you ever been cited for housekeeping issues or improper handling and/or storage of raw materials, products or wastes? Yes No

If yes, please explain:

- f. Are there any materials or products which you have ceased to handle within the past five (5) years? Yes No

If yes, please identify:

4. TANK STORAGE:

- a. Does this location have any Aboveground Storage Tanks (ASTs) or Underground Storage Tanks (USTs)? Yes No

If yes, please complete the table below. If no, please skip to Question #5 below. If additional space is needed, please attach.

AST or UST	Capacity (gallons)	Contents	Age (years)	Construction Material	Base Material	Secondary Containment Type / Volume		Tightness Test Anniversary Date
<u>Example:</u> AST	5,000	Gasoline	7	Steel	Clay	Concrete	110%	7/4/2003

b. Explain any tank inventory control and/or testing methods used (attach copies of the latest tank test results):

c. Are all USTs in compliance with the 1998 USEPA Standards for leak detection, overflow protection, and corrosion protection? Yes No
 If no, indicate which USTs are not in compliance and why:

d. Distance of the any tanks to the legal boundary of this location:
 At location boundary ≤ 50 feet from legal boundary > 50 feet from legal boundary

e. Are you aware of any tanks previously existing at this location which have been removed or closed in place? Yes No
 If yes, were they closed in accordance with applicable Local, State and/or Federal regulations? Yes No

5. FACILITY WASTE GENERATION, AIR EMISSIONS, AND WASTEWATER DISCHARGES:

a. Does this location generate, handle, store or dispose of any hazardous waste or materials? Yes No
 If yes, please complete the table below.

Description of Waste	Amount Per Year (gallons)	At Any Time (gallons)	Method of Storage and Container / Type of Secondary Containment		Disposal Method or Site
<u>Example:</u> Waste Solvent	500	100	55-gallon drum	Segregated area with 110% volume.	Off-site. ABC Waste Company.

b. Is this location a permitted Transfer, Storage or Disposal Facility (TSDF)? Yes No

c. Description of any other waste treatment and/or storage and/or handling process/procedures performed at this location:

d. Identify any past storage or disposal practices at this location:

- Lagoons Landfill Land Farming
 Pits Ponds Other: _____

e. Identify any effluent discharge points for wastewater and stormwater at this location (attach copies of recent discharge monitoring results) and complete the table below:

Discharge ID	Location	Discharge Point
Example: 001	Along river.	Raging river.

f. Identify types of air emissions at this location (i.e., toxic gases, vapors, odors, dust, etc.) in the table below, if any (if additional space is needed, please attach):

Air Emissions	Volume / Year	Collection/Treatment

g. Do you have any groundwater monitoring activities currently performed at this location? Yes No
 If yes, please attach copies of monitoring results for the past year and a map showing well locations.

h. Do you have Quality Control/Assurance Procedures for inspecting incoming materials and/or waste? Yes No
 If yes, please attach copies of these procedures.

6. FIRE DETECTION/SUPPRESSION SYSTEMS AND PROCEDURES:

a. Provide details of the fire detection/suppression systems:

b. Are the employees trained in fire/spill response and use of personal protective equipment? Yes No

c. Responding fire company is?

- Paid Volunteer

d. Does the responding fire company make regular planned visits to this location and are they familiar with site emergency response procedures? Yes No
 If yes, please indicate frequency and date of last visit:

e. Has the fire company performed "mock" drills at this location? Yes No
If yes, please indicate frequency and date of last mock drill:

f. Is there a plan with the fire department to control run-off of, and contain, fire suppression water? Yes No
If yes, please explain plan:

g. What is the distance to the nearest fire hydrant, if this location does not have a sprinkler system?
_____ feet; or this location has a sprinkler system.

h. Has the fire company been made aware of hazardous and incompatible materials used on-site? Yes No

7. VISITOR CONTROLS/SAFETY:

a. Is a procedure in place for controlling visitors while on-site and ensuring their supervision? Yes No
If yes, please explain:

b. Are visitors informed or trained on exposures, safety, evacuation routes and off-limit areas? Yes No

8. SITE SECURITY:

a. Provide a detailed description of site security controls (e.g., ID checks, access controls, guards, perimeter fencing, security cameras, etc.)

b. Are employee background checks performed on new employees? Yes No

c. Are employee background checks performed on existing employees? Yes No

d. Describe security controls and supervision of loading and unloading activities at the following areas:

Trucks:

Railcar:

Ship/Barge:

Aircraft:

Pipelines:

e. Has this location developed a facility terrorism prevention and response plan? Yes No
If yes, please explain and attach a copy:

- f. Do you have a cyber security program in place for your operations/facilities?
If yes, please attach a copy. Yes No
- g. Has a vulnerability assessment been performed on your operations/facilities?
If yes, please attach a copy. Yes No
- h. Identify who is in charge of your cyber security program.

9. CATASTROPHIC RELEASE/RISK MITIGATION PLANS:

- a. Has this location developed a program to prevent catastrophic release (e.g.,
risk management plan, process safety management plan, etc.)?
If yes, please attach a copy. Yes No
- b. Has this location developed any the following plans?
- Preparedness, Prevention and Contingency (PPC) Plan? Yes No
- Spill Prevention Control and Countermeasure (SPCC) Plan? Yes No
- Spill Prevention Response (SPR) Plan? Yes No
- Corporate Safety and Health (S&H) Plan? Yes No
- c. Does this location have other emergency response plans or procedures in
place?
If yes, please explain: Yes No
- d. Are the employees trained on these emergency response plans? Yes No

APPLICANT FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance: 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 subjects such person to criminal and civil penalties.

Automobile Insurance: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

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 by 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. Should aggravating circumstances [be] 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 RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: All Commercial Insurance, Except As Provided for Workers' Compensation It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Workers' Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO UTAH APPLICANTS: Workers' Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

NOTICE TO NEW YORK APPLICANTS: General: All applications for commercial insurance, other than automobile insurance: 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.

All applications for automobile insurance and all claim forms: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

Fire: 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 fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

After reasonable inquiry, I warrant that the information and statements contained in this application for insurance are true and correct, and that no material facts have been withheld or misstated. I understand that this application, and all other materials and information submitted to the Company in connection with this application for insurance, are incorporated and made a part hereof. I also understand that the Company will rely upon the application, materials and information submitted in the underwriting process in the formation of any subsequent contract of insurance entered into.

I understand that the completion of this application does not bind coverage. Acceptance of a quotation from the Company is required prior to binding coverage with the Company.

Applicant's Signature: _____ Title: _____

Print Applicant's Name: _____ Date: _____

Agent/Broker Name: _____