
The Application form should be completed by a Director of the Company or someone who would be classified as a responsible insured.

GENERAL INFORMATION

Named Insured _____

Address _____

Telephone _____

Email _____

Web address _____

Business Description _____

Annual Revenue **Expected this year**
Last full year

INSURED PREMISES

Please provide a description of the **insured premises**.

Insured premises address

Activities undertaken at insured premises

Do you have certification to any environmental management accreditation programmes?

Are there any above or below ground storage tanks at the insured premises?

Do you possess or have you commissioned any environmental reports relating to the insured premises?

Do you benefit from sudden & accidental pollution cover under the terms of a third party general liability policy?

Are there any groundwater abstraction wells located at the insured premises?

CLAIMS / CIRCUMSTANCES

Please provide details of any pollution related losses, claims, incidents or spills in the past 5 years in the box below.

DECLARATION / REPRESENTATION

The Applicant represents that the following statements and facts are true and that no material facts have been suppressed or misstated.

- a. There have been no reportable releases or spills of hazardous substances, hazardous waste, environmental damage or any other pollutants as defined by applicable environmental statutes or regulations attributable to the Applicant or their products.
- b. There have been no prosecutions, or threats of prosecution, and there are no current prosecutions, attributable to the Applicant or their products, for any offence, either directly or indirectly arising out of environmental damage or a release of any substance into sewers, rivers, sea or air or onto land or groundwater.
- c. There have been no claims resulting from environmental damage or the release of hazardous substances, hazardous waste, or other pollutants, attributable to the Applicant or their products, into the environment.

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- d. At the time of signing this application, there are no known facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against an Applicant in relation to coverage being provided under this policy.

Signature _____

Title _____

Company _____

Date _____