
Site Pollution Liability Addendum Application

1. Name of Applicant: _____
2. Mailing Address: _____

Phone Number: _____
3. Date Established: _____ Corporation
Partnership
Individual
4. During the past five years has the name of the firm been changed or has any other business been purchased or any merger of consolidation take place? Yes No
If yes, please give full details: _____

5. Is the firm engaged in, owned by, associated with or controlled by other business?
Yes No
6. Coverages requested:
Third Party Liability: Yes No
On Site Clean Up Yes No
Limits of Liability requested _____ Deductible: _____
7. Schedule of Locations to be covered (address, state, and zip code):
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____

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8. Gross Revenues (Past three years): _____
Estimated for the next twelve (12) months: _____
Prior twelve (12) months: _____
Twelve (12) months prior: _____
9. Please provide the following additional information as an attachment to this application:
- a. Attached Supplemental Application for each location to be covered.
 - b. Resumes of key personnel
 - c. Most recent annual income statement and balance sheet
 - d. Any applicable environmental report, including any phase I or II environmental site assessment, corrective action plans, or closure reports.
 - e. Complete details of any fines, permit violations or public complaints
 - f. Copies of any Spill Prevention, Control and Countermeasure (SPCC) procedures
10. Has any application for Liability Insurance made on behalf of the firm, any predecessors in business or present Partners ever been declined or has the insurance ever been cancelled or renewal refused? Yes No
If yes, please give detail: _____

11. Has any claim ever been made against the firm or any persons named in question 1? Yes No
If yes, please attach detail stating:
1) date when claim was made
2) date the act giving rise to the claim was committed
3) name of the claimant
4) nature of the claim
5) amount involved including reserves and
6) final disposition
12. Is the Applicant aware of any circumstances which may result in any claim against him, the firm, his predecessors in business, or any of the present or past Partners or Officers?
Yes No If yes, please attach full details.

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13. Has any insurer cancelled or refused to renew any similar insurance during the past 5 years? Yes No

The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy.

Signature of Applicant: _____

Print Name: _____

Title: _____

Date: _____

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Please complete for each location.

1. Facility Name: _____

2. Location: _____

3. Age: _____

4. Describe any pre-existing conditions at this location:

5. Describe in detail the current operations:

6. Describe Historical Site/Use Conditions:

7. Physical Setting:

a. Distance to nearest residential area: _____

b. Distance to nearest drinking water well: _____

c. Distance to nearest surface water: _____

d. Depth to Groundwater: _____

e. Provide a brief description of adjacent properties:

East: _____

West: _____

North: _____

South: _____

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8. Chemical Use:

Chemical Name	Quantity		Storage Method			
	Total/Year	At any one time	Drum	AST	UST	Other

9. Wastewater Handling:

Constituent	Discharge Limit	Receiving Body	Outfall #	Treatment

10. Waste Generation

Waste	Quantity/Year	Treatment	Disposal	Quantity	Date Started

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11. Off Site Disposal

Waste	Quantity/Year	Treatment	Disposal	Quantity	Date Started

12. On Site Disposal:

<p>Active Landfill</p> <p>a. Total Acreage: _____</p> <p>b. Permitted: Yes No</p> <p>c. Lined: Yes No</p> <p>d. Liner Details: _____</p> <p>e. Leachate Collection: _____</p> <p>f. Monitoring Wells: _____</p> <p>g. Number of Wells: _____</p> <p>h. Age: _____</p> <p>i. Type of Waste Accepted: _____</p>
<p>Closed/In-Active Landfill</p> <p>a. Total Acreage: _____</p> <p>b. Permitted: Yes No</p> <p>c. Lined: Yes No</p> <p>d. Liner Details: _____</p> <p>e. Leachate Collection: _____</p> <p>f. Monitoring Wells: _____</p> <p>g. Number of Wells: _____</p> <p>h. Age: _____</p> <p>i. Type of Waste Accepted: _____</p>
<p>Injection Well</p> <p>a. Years of Operations _____</p> <p>b. Permitted: Yes No</p> <p>c. Number of Wells: _____</p> <p>d. Type of Waste Accepted: _____</p>

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13. Air Emissions:

Source	Quantity/Year	Pollutant	Treatment	Permit Limit	Date Started

14. Underground Tanks:

ID	Date Installed	Capacity (gal)	Contents	Construction*	Leak Detection**	Last Tightness Task	Permit

15. Above Ground Tanks:

ID	Date Installed	Capacity (gal)	Contents	Construction*	Containment

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Construction*	Leak Detection**
	ATG= Auto Tank Gauging
SW= Single Wall	INT= Interstitial Monitoring
DW= Double Wall	DIC= Daily Inventory Control
CPS= Cathodic Protection	MVM= Vapor Monitoring Wells
FRP= Fiberglass	MGM= Groundwater Monitoring Wells
FCS= FRP-Clad Steel	PTT= Precision Tightness Test
BS= Bare Steel	SIR= Statistical Inventory Control

16. Has this location been cited or prosecuted for any violation of any standard or law relating to the release of a substance into the environment?

Yes No

If yes, please provide details: _____

17. Has this location ever been sued or requested to pay any damages or to perform any cleanup activities with respect to any actual or alleged pollution incident either on the facility or to an offsite party or location?

Yes No

If yes, please provide details: _____

18. List all environmental losses paid over the past then years:

Date	Amount	Details
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____