



Name of Insurance Company to which Application is made (herein called the Company)

POLLUTION LEGAL LIABILITY APPLICATION

THIS IS AN APPLICATION FOR A **CLAIMS -MADE** POLICY

INSTRUCTIONS

- (A) This application requires that contact persons be provided for each location. The applicant is responsible for obtaining and reviewing whatever records are available, whether in their possession or in the public domain, which are necessary in order to answer any of the questions in this application.
- (B) Provide the following documents and materials along with the completed original signed and dated application:
 - * Audited financials and/or 10K for the latest three (3) years.
 enclosed information to follow Do not exist
 - * Schedule of EIL and GL insurance policies for the past three (3) years.
 (policy #, policy term, type of policy, and exclusions)
 enclosed information to follow Do not exist
 - * Any Environmental Surveys/Audits conducted at the location within the past three years.
 enclosed information to follow Do not exist
- (C) Once this application is received, a member of our staff will call the contact person(s) you provide in Table A (attached to this application) in order to continue the application process. **The attached Telephone Survey Outline summarizes the type of information that will be requested from each contact person, and should be sent to the contact person(s) in preparation for our staff call.**
- (D) If necessary, use additional sheets in order to provide the requested information.

1. **NAMED INSURED:**

LIST SUBSIDIARY COMPANIES REQUESTING COVERAGE:

POST OFFICE ADDRESS:

2. **NAMED INSURED IS A:**

partnership corporation joint venture other _____

3. **DESCRIBE SPECIFICALLY THE OPERATIONS OF THE INSURED:**

(include a diagram of the company structure)

4. **SITE CONTACTS (See Table A attached to this Application)**

The individuals the applicant lists in the attached Telephone Survey Outline (Table A) should be qualified to provide information for all site activities at the referenced locations, and should be prepared to respond to the items in the Survey. If necessary, copy Table A in order to provide additional location information.

NOTE:

For the purposes of Question 5. "YOU" includes the Corporation, Entity, or Partnership of the applicant and any Director, Officer or Partner thereof.

5.

A. HAVE YOU DURING THE PAST FIVE (5) YEARS HAD ANY REPORTABLE RELEASES OR SPILLS OF HAZARDOUS SUBSTANCES, HAZARDOUS WASTE OR ANY OTHER POLLUTANTS, AS DEFINED BY APPLICABLE ENVIRONMENTAL STATUTES OR REGULATIONS?

NO _____ YES _____ IF YES, DESCRIBE IN DETAIL:

B. HAVE YOU DURING THE LAST FIVE (5) YEARS BEEN PROSECUTED, OR ARE YOU CURRENTLY BEING PROSECUTED, FOR CONTRAVENTION OF ANY STANDARD OR LAW RELATING TO THE RELEASE OR THREATENED RELEASE FROM THE LOCATION OF A HAZARDOUS SUBSTANCE, HAZARDOUS WASTE OR ANY OTHER POLLUTANT?

NO _____ YES _____ IF YES, DESCRIBE IN DETAIL:

C. LIST ALL CLAIMS MADE AGAINST YOU DURING THE PAST FIVE YEARS FOR CLEANUP OR RESPONSE ACTION, "TOXIC TORT" OR OTHER BODILY INJURY, OR PROPERTY DAMAGE, RESULTING FROM THE RELEASE OF HAZARDOUS SUBSTANCES, HAZARDOUS WASTE, OR OTHER POLLUTANTS, FROM THIS LOCATION OR OTHER LOCATIONS OWNED OR OPERATED BY YOU, INTO THE ENVIRONMENT. PROVIDE A BRIEF DESCRIPTION OF THE CLAIM(S) AND ITS DISPOSITION. IF NONE, SO STATE.

D. AT THE TIME OF THE SIGNING OF THIS APPLICATION, DO YOU KNOW OF ANY FACTS OR CIRCUMSTANCES WHICH MAY REASONABLY BE EXPECTED TO RESULT IN A CLAIM OR CLAIMS BEING ASSERTED AGAINST YOUR COMPANY FOR ENVIRONMENTAL CLEANUP OR RESPONSE, OR FOR BODILY INJURY OR PROPERTY DAMAGE ARISING FROM THE RELEASE OF POLLUTANTS INTO THE ENVIRONMENT?

YES _____ NO _____ IF YES, DESCRIBE IN DETAIL:

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required prior to binding coverage and policy issuance.

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 AUTHORITIES."

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 IN THE THIRD DEGREE."

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 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 A DENIAL OF INSURANCE BENEFITS."

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 NEW YORK APPLICANTS: "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."

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 PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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 PAYMENT OF A FINE OF UP TO \$15,000."

If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail.

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

APPLICANT _____ DATE _____
(signature of owner or officer)

APPLICANT _____
(print name & title)

BROKER _____ DATE _____
(print name of firm)

(address of brokerage firm)

(contact person & telephone #)

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