



*This is an application for a claims-made and reported policy*  
**Pollution Legal Liability premium indication only**

Please answer all questions as accurately as possible. The better the information provided, the more accurate the premium indication will be. The applicant is responsible for the answers contained herein, and USX/S will not be responsible for errors or omissions as a result of material submitted and upon which this indication will be based.

1. Name Insured: \_\_\_\_\_
2. Corporate Address: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
4. Name & Phone of Corporate Environmental Contact: \_\_\_\_\_
5. Describe current environmental liability coverage in force:
  - Pollution Legal Liability: \_\_\_\_\_ Retro Date  
 \_\_\_\_\_ On Site BI? \_\_\_\_\_ PD? \_\_\_\_\_ Cleanup of New Conditions? \_\_\_\_\_ Pre-existing Conditions?  
 \_\_\_\_\_ Off Site BI? \_\_\_\_\_ PD? \_\_\_\_\_ Cleanup of New Conditions? \_\_\_\_\_ Pre-existing Conditions?  
 \* Carrier: \_\_\_\_\_ Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_
  - Automobile Pollution Liability: Does the applicant have?: \_\_\_\_\_ MCS-90 \_\_\_\_\_ CA9948  
 \*Carrier: \_\_\_\_\_ Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_
  - Underground Storage Tank Liability: \_\_\_\_\_ State Fund? If not:  
 \*Carrier: \_\_\_\_\_ Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_
6. Limits requested: \$ \_\_\_\_\_ per occurrence; \$ \_\_\_\_\_ aggregate; \$ \_\_\_\_\_ deductible
7. How long has the Named Insured been in business? \_\_\_\_\_ yrs. At current location? \_\_\_\_\_ yrs.
8. What were the previous tenants and operations during the past 30 years?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. During the past 7 years has the name of the applicant changed, any other business been purchased or any mergers or acquisitions taken place? Yes/No ( Please provide details separately.)
10. Please fully describe the current operations at the location submitted for insurance. (A site diagram is helpful.)
11. Have you ever had any reportable releases or spills of hazardous substances, hazardous waste or other pollutants as defined by applicable environmental statutes or regulations? Y/N
12. Have you been prosecuted for deviating from any statute or law relating to a release or threatened release of hazardous substance, hazardous waste or other pollutant? Y/N
13. At the time of signing this application do you know of any facts or circumstances which reasonably may be expected to result in a claim or assertion of claim against the Named Insured for Bodily Injury, Property Damage, Cleanup Costs or Defense Costs as a result of a release of a pollutant? Y/N

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name & Title \_\_\_\_\_ Title: \_\_\_\_\_

Broker Firm: \_\_\_\_\_ Producer: \_\_\_\_\_

Address & Phone of Broker Firm: \_\_\_\_\_

I, the above named producer, recognize that no insurance coverage can be bound without providing a completed and signed supplemental application and the receipt of an acceptable environmental engineering survey.

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sheehan Hutchison Keenan**  
Insurance & Risk Management Services  
6805 Avery-Muirfield Drive  
Dublin, OH 43016-7183  
(614) 764-7000  
FAX 764-7227  
www.shkins.com