



ace westchester
specialty group

PREMISES POLLUTION LIABILITY APPLICATION

PREMISES POLLUTION LIABILITY COVERAGE APPLICATION – CLAIMS MADE

Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A".

PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:

- 1) Copies of any site specific environmental reports completed during the past 5 years for the covered location(s)
- 2) Audited financial statement and balance sheet from the past two (2) years
- 3) Five years of currently valued loss runs for all lines of coverage

APPLICANT INFORMATION					
NAME OF APPLICANT					DATE
MAILING ADDRESS					
CITY		STATE	ZIP CODE	WEBSITE	
PRINCIPAL ENVIRONMENTAL CONTACT			TITLE		
TELEPHONE		FAX		EMAIL	
DATE FIRM WAS ESTABLISHED			PARENT COMPANY		
Company is: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Other: _____					

REQUESTED COVERAGE		
COVERAGE REQUESTED <input type="checkbox"/> ONSITE CLEANUP <input type="checkbox"/> OFFSITE CLEAUP <input type="checkbox"/> BODILY INJURY & PROPERTY DAMAGE		PROPOSED EFFECTIVE DATE
PROPOSED RETROACTIVE DATE	PROPOSED LIMITS \$	PROPOSED RETENTION \$

PREVIOUS POLLUTION COVERAGE					
Current Carrier	Effective Dates	Limits	Retention	Retroactive Date	Premium
	to	\$ / \$	\$		\$
	to	\$ / \$	\$		\$
	to	\$ / \$	\$		\$
HAS ANY INSURANCE COMPANY EVER DENIED, CANCELLED, OR NON-RENEWED POLLUTION LIABILITY COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PLEASE EXPLAIN:					

ACE Westchester Specialty Group - Environmental Division

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COVERED LOCATION INFORMATION
PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY.

COVERED LOCATION INFORMATION		
FACILITY NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
SIC CODE:	YEAR STARTED:	ACREAGE:
DESCRIBE CURRENT OPERATIONS AND IF ANY PRODUCTS ARE MANUFACTURED:		
DESCRIBE KNOWN HISTORICAL OPERATIONS AT THE LOCATION:		
FOR THIS LOCATION, PLEASE DESCRIBE ADJACENT PROPERTIES:		
NORTH _____	SOUTH _____	
EAST _____	WEST _____	
DISTANCE TO THE CLOSEST RESIDENTIAL AREA: _____		
DISTANCE TO NEAREST BODY OF WATER: _____		TYPE OF WATER BODY (pond, river, stream, etc): _____
NUMBER OF GROUNDWATER WELLS: _____		TYPE OF WELL (drinking or monitoring): _____
IS PUBLIC WATER & SEWER PROVIDED AT THIS LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IS THE LOCATION WITHIN A FLOOD PLAIN <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE THERE ANY PLANS FOR FUTURE DEVELOPMENT OF THIS LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE.		

SHIPMENT INFORMATION	
FOR THIS LOCATION, PLEASE DESCRIBE THIRD PARTY SHIPMENT PROCEDURES:	
TYPES OF PRODUCTS SHIPPED: _____	AMOUNT OF PRODUCTS SHIPPED PER WEEK: _____
METHOD OF SHIPMENT (RAILROAD, AUTO, TRUCK, BOAT, etc): _____	ARE PRODUCTS SHIPPED BY PROPERLY LICENSED CARRERS? <input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL INFORMATION
FOR THIS LOCATION, PLEASE IDENTIFY:
HAZARDOUS MATERIALS/CHEMICALS USED, TREATED, OR STORED? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, COMPLETE ADDENDUM A)
ANY TREATMENT FACILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, COMPLETE ADDENDUM B)
LANDFILL, TRANSFER STATION, OR RECYCLING FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, COMPLETE ADDENDUM C)
UNDERGROUND OR ABOVE GROUND STORAGE TANKS? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, COMPLETE ADDENDUM D)
If you answer yes to any of the above, a completed addendum will need to be provided.

ENVIRONMENTAL INFORMATION

HAVE ANY ENVIRONMENTAL STUDIES, REPORTS, OR AUDITS (SUCH AS AN ENVIRONMENTAL SITE ASSESSMENT) EVER BEEN PREPARED FOR THIS LOCATION? YES NO **IF YES, PLEASE PROVIDE COPIES WITH THIS APPLICATION.**

DOES THE LOCATION HAVE ANY RELEVANT ENVIRONMENTAL PERMITS (RCRA, UST, NPDES, etc.)? YES NO **IF YES, PLEASE PROVIDE COPIES WITH THIS APPLICATION.**

COMPLIANCE HISTORY

ARE YOU AWARE OF ANY NOTICES OF VIOLATION, FINES, PENALTIES, COMPLAINTS, OR RECEIVED ANY CLAIMS OR SUITS RELATING TO ANY POLLUTION CONDITIONS? YES NO

IF YES, PLEASE EXPLAIN:

ARE YOU AWARE OF ANY PAST OR PRESENT POLLUTION CONDITIONS, OR ANY CIRCUMSTANCES WHICH MAY REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM? YES NO

IF YES, PLEASE EXPLAIN:

ARE YOU AWARE IF ANY OF THE COVERED LOCATION(S) ARE IN NON-COMPLIANCE OF ANY LOCAL, STATE, OR FEDERAL ENVIRONMENTAL REGULATIONS, STANDARDS, OR STATUES? YES NO

IF YES, PLEASE EXPLAIN

**IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.*

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT. SUCH AN ACT IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signature of Authorized Applicant	Signature of Broker/Agent
Print Name	Print Name
Title	Agency Name
Date	Date

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ADDENDUM B – TREATMENT FACILITIES

PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY

COVERED LOCATION INFORMATION

NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:

FACILITY EPA ID #: STATE ID #:

IS THE FACILITY PERMITTED? YES NO IF YES, BY WHOM?

FACILITY BACKGROUND

TYPE OF TREATMENT FACILITY (CHECK BOX)

PROCESS WATER WASTEWATER DRINKING WATER HAZARDOUS WASTE OTHER:

WHEN WAS THE FACILITY BUILT? WHEN WAS THE FACILITY PERMITTED?

MAXIMUM PERMITTED AMOUNT TREATED: AVERAGE DAILY AMOUNT TREATED:

PLEASE DESCRIBE TREATMENT METHODS:

IS ANY TREATED MATERIAL OR BY-PRODUCT SOLD OR GIVEN AWAY? YES NO IF YES, PLEASE EXPLAIN.

WHERE IS EFFLUENT DISCHARGED:

HOW IS ACCESS TO THE FACILITY CONTROLLED?

DOES THE FACILITY TREAT ANY RADICACTIVE WASTE? YES NO IF YES, PLEASE EXPLAIN.

EMERGENCY RESPONSE PROCEDURES

DOES THE FACILITY HAVE A WRITTEN EMERGENCY RESPONSE PLAN? YES NO (IF YES, PLEASE PROVIDE A COPY WITH THIS APPLICATION)

ARE EMPLOYEES TRAINED ON EMERGENCY RESPONSE PROCEDURES? YES NO HOW OFTEN? _____

ADDENDUM C – RECYCLING FACILITIES, TRANSFER STATIONS, OR LANDFILLS

PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY.

COVERED LOCATION INFORMATION	
NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:	
FACILITY EPA ID #:	STATE ID #:
IS THE FACILITY PERMITTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BY WHOM:	

FACILITY BACKGROUND			
TYPE OF TREATMENT FACILITY (CHECK BOX)			
<input type="checkbox"/> MUNICIPAL LANDFILL	<input type="checkbox"/> CONSTRUCTION & DEBRIS LANDFILL	<input type="checkbox"/> HAZARDOUS WASTE LANDFILL	
<input type="checkbox"/> TRANSFER STATION	<input type="checkbox"/> RECYCLING FACILITY	<input type="checkbox"/> OTHER: _____	
WHEN WAS THE FACILITY BUILT?		WHEN WAS THE FACILITY PERMITTED?	
MAXIMUM PERMITTED DAILY TONNAGE AMOUNT ACCEPTED:		AVERAGE DAILY TONNAGE AMOUNT ACCEPTED:	
TOTAL ACRES:	DISPOSAL ACRES:	BUFFER ACRES:	BUFFER USE:
PLEASE DESCRIBE MATERIALS ACCEPTED BY THIS FACILITY:			
HOW IS ACCESS TO THE FACILITY CONTROLLED?			
DOES THE FACILITY CURRENT MONITOR THE GROUNDWATER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE MOST RECENT GROUNDWATER MONITORING REPORTS WITH THIS APPLICATION.			

CELL INFORMATION				
	ID No. _____	ID No. _____	ID No. _____	ID No. _____
ACTIVE OR CLOSED				
DATE FIRST USED				
ESTIMATED CLOSURE DATE				
LINER TYPE				
LINER THICKNESS				
LEACHATE COLLECTION SYSTEM				
METHANE COLLECTION SYSTEM				
GROUNDWATER MONITORING SYSTEM				

ADDENDUM D – STORAGE TANKS

PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY.

COVERED LOCATION INFORMATION	
NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:	
FACILITY EPA ID #:	STATE ID #:
NUMBER OF ABOVEGROUND STORAGE TANKS:	NUMBER OF UNDERGROUND STORAGE TANKS:

STORAGE TANK SCHEDULE					
	ID No. _____	ID No. _____	ID No. _____	ID No. _____	ID No. _____
AST OR UST					
AGE					
CAPACITY (gallons)					
PRODUCT CODE					
CONSTRUCTION CODE					
PROTECTION CODE					
LEAK DETECTION CODE					
SECONDARY CONTAINMENT CODE					
MOST RECENT TANK TESTING DATE					
DID IT PASS OR FAIL?					
HAS THIS TANK BEEN UPGRADED TO THE 1998 STANDARDS?					
ASSOCIATED PIPING					
LENGTH OF PIPING (feet)					
AGE					
% OF PIPING UNDERGROUND					
CONSTRUCTION CODE					
PROTECTION CODE					
DISPENSER CODE					
OIL/WATER SEPARATOR IN USE?					

CODES		
PRODUCT CODE	CONSTRUCTION CODE	PROTECTION CODE
D – Diesel	DWS – Double Wall Steel	CP – Cathodic Protection
G – Gasoline	DWF – Double Wall Fiberglass	EC – Epoxy Coated
A – Aviation	STIP – STIP-3 Construction	V – Tank Vault
U – Used Oil	SWS – Single Wall Steel	PL – Pit Liner
O – Organic Chemicals	SWF – Single Wall Fiberglass	N – None
I – Inorganic Chemicals	LS – Lined Steel	P – Painted Tank
	UNK - Unknown	UNK - Unknown

LEAK DETECTION CODE	SECONDARY CONTAINMENT CODE	DISPENSING CODE
E – Electronic Monitoring	PC- Poured Concrete	S – Suction
DS – Dip Stick	CB – Concrete Block	P – Pressure
MW – Monitoring Well	E – Earth	
PT – Pressure Test	L – Lined	
SI – Statistical Inventory	N – None	
N - None	UNK - Unknown	
UNK - Unknown		

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