



Sudden & Accidental Pollution Application

For Designated Sites

*Please complete an application for each site to be insured.
The words "you" and "your" refer to the named insured and any additional insured*

APPLICANT INFORMATION

Name of Insured: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Contact Name: _____ Title: _____

Telephone Number: _____

Insured is:

Corporation Individual Joint Venture Partnership LLC Other _____

Year Business established: _____ Clean Marina Designation: Yes or No

Description of operations: _____

Is the insured site owned or controlled by another Corporation? Yes or No If yes, please explain:

COVERAGE REQUESTED

Policy:

New Renewal Policy Period: _____ to: _____

Limits of insurance requested: \$ _____ Per Occurrence/Aggregate

Deductible requested: \$ _____

Existing pollution or environmental insurance coverage:

Do you currently have pollution liability coverage? Yes or No

If yes, Current Policy Limits: Occurrence/Aggregate _____/_____

If yes, is the policy written on: Occurrence Form Claims Made - Retro date: _____

HISTORY

Are you currently in compliance with Federal, State and local environmental laws? Yes or No If no, please explain:

Has the company during the last five years been cited or prosecuted for and violation of any standard or law relating to the release of a substance into the environment? Yes or No If yes, please explain:

Have you ever been sued or requested to pay any damages or perform any clean-up activities with respect or law relating to the release of a substance into the environment? Yes or No

If yes, attach a full explanation including the date of the incident:

Have there been any emissions, discharges, releases or escapes of pollutants or other substances above permissible levels at any sites for which this application is being made? Yes or No If yes, please explain:

List all environmental impairment losses paid or incurred within the past three years:

Date	Amount	Description
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Are you aware of any fact or circumstance that might lead to a claim under the policy if it were to be issued?

Yes or No If yes, please explain:

SURROUNDING ENVIRONMENT

Are there drinking water wells on-site or within 1/2 mile? Yes or No

Are there protected wetlands adjoining the property? Yes or No

Has the property previously been used for industrial purposes? Yes or No

Was the property previously used as a landfill for waste disposal? Yes or No

Nature of adjacent properties and their use: _____

ENVIRONMENTAL CONTROLS

Do you test surface waters on the premises for water quality? Yes or No

Have you conducted any risk assessments or environmental impact studies related to the operation of your business?

Yes or No If yes, please describe or provide copies:

Do you have a Spill Prevention, Control and Countermeasure Plan in place? Yes or No

Who is responsible for executing this plan? _____

FUELING OPERATIONS

Dispensing of Fuel: Attendant Self Service Land-based Fueling Docks - Number: _____

Are absorbent materials made available and required to be used during fueling? Yes or No

Type of material(s): Absorbent Pads Fuel Bibs Fuel Collars Booms

Automatic Fuel Shutoffs? Yes or No

Fuel Alarms? Yes or No

Lead Detection System? Yes or No

Portable Fire Protection? Yes or No

Please describe: _____

REPAIR OR SERVICE OPERATIONS

Method for Disposal of Fluids? _____

Waste Collection Program? _____

Name of Waste Hauler under contract? _____

Frequency of waste pickup? _____

Is any service work performed on boats while in the water? Yes or No If yes, explain the nature of work:

Type of absorbent material kept on hand to contain spills? _____

PUMP-OUT STATIONS

Nature of Equipment: _____

Waste Removal Procedures: _____

How are Waste Tanks Protected/Secured: _____

RISK MANAGEMENT ADMINISTRATION

Do you require a Certificate of Insurance from subcontractors or vendors that perform work on your premises?

Yes or No Minimum GL limits required? Yes or No

Do you require subcontractors or vendors that perform work on your premises to add your company onto their GL coverage as an Additional Insured? Yes or No

Do you require subcontractors or vendors that perform work on your premises to carry Environmental Impairment Liability coverage? Yes or No Minimum limits required? Yes or No

CERTIFICATION

I HAVE READ THE ABOVE SUPPLEMENTAL APPLICATION. I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND THE DATA AND INFORMATION SUPPLIED HEREIN ARE TRUE, ACCURATE AND COMPLETE. THESE STATEMENTS, INFORMATION AND DATA ARE GIVEN FOR THE SPECIFIC PURPOSE OF INDUCING THE INSURER TO ISSUE POLLUTION LIABILITY INSURANCE COVERAGE. IT IS AGREED THAT IF ANY STATE, INFORMATION OR DATA GIVEN IN THE SUPPLEMENTAL APPLICATION IS MATERIALLY FALSE, INACCURATE OR INCOMPLETE, THE INSURER MAY DENY COVERAGE OR CANCEL THE POLICY.

FOR NEW YORK AND OHIO 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.

SIGNATURE OF FIRST NAMED INSURED (MAY NOT BE SIGNED BY PRODUCER)

DATE

TITLE

SUBMITTED BY (PRODUCER)

AGENCY

PRODUCER CODE