

**AMERICAN INTERNATIONAL COMPANIES®**

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

**POLLUTION LEGAL LIABILITY APPLICATION**

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

**INSTRUCTIONS**

The applicant is responsible for obtaining and reviewing whatever records are available, whether in their possession or in the public domain, which are necessary to answer any of the questions in this application. If necessary, use additional sheets to provide the requested information.

Applicant: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ web-site: \_\_\_\_\_

Proposed Insured Property Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

(if multiple, please submit a schedule that include addresses for each property)

Subsidiaries or other related entities also requesting coverage: \_\_\_\_\_

Please provide audited financials and/or 10-Ks for the past two (2) fiscal years

Enclosed       Information to follow       Do not exist

1.	<b>Deductible: Each Loss*</b>	<b>Limit of Liability Each Loss</b>	<b>Limit of Liability Total all Losses</b>
	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$1,000,000
	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$2,000,000
	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$5,000,000
	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000
	<input type="checkbox"/> Other - Specify: _____	<input type="checkbox"/> Other - Specify: _____	<input type="checkbox"/> Other - Specify: _____

If any Environmental Site Assessment(s) is/are available, please include.  None Available  Included

2. Indicate Policy Term Desired:  1 year       3 years       5 years

If multiple properties are being considered, submit separate applications for each property, or attach a schedule that, for each property, indicates the address and responses to Items 3. thru 9. below.

3. Indicate Current Property Use, if more than one use (e.g. mixed use) click all that apply:

Habitational     Office/Hotel     Retail     Warehouse/Light Industrial     Industrial  
 Other -Specify \_\_\_\_\_

4. Is a change in use anticipated during the Policy Term indicated above?  No  Yes, other use is:

- Habitational  Office/Hotel  Retail  Warehouse/Light Industrial  Industrial  
 Other –Specify: \_\_\_\_\_

5. Indicate prior uses of property. Check all that apply.

- Habitational  Office/Hotel  Retail  Warehouse/Light Industrial  Industrial  
 Other –Specify: \_\_\_\_\_

6. Indicate any of the following operations currently conducted at the property address.

- Service Station  Dry Cleaning  Auto Service/Repair  Manufacturing/Assembly  
 Hazardous Waste Generation - Is waste storage area in compliance with regulations?  Y  N  
 None of the above

7. Indicate any of the following uses at adjacent properties.

- Habitational  Office/Hotel  Retail  Warehouse/Light Industrial  Industrial  
 Other –Specify: \_\_\_\_\_

8. Are there or were there ever any underground storage tanks located on the property?

- No  Yes, indicate size and contents: \_\_\_\_\_

If "Yes" but are no longer in use, have the tanks been closed in accordance with applicable regulations?  No  Yes, attach evidence of proper closure (NFA letter, closure letters, etc.).

9. Are there any above ground storage tanks on the property?

- No  Yes, indicate contents and quantity for each tank:  
\_\_\_\_\_

10. Indicate optional coverages or endorsements desired (e.g., microbial matter coverage). An additional premium may apply.  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you the occupant of the property being submitted?  No  Yes

- If "No", do you (a) have lease restrictions on the use of hazardous substances?  No  Yes  
(b) require environmental indemnities from the tenant(s)?  No  Yes

12. Do you have any contracting or other service operations that you carry out outside the boundaries of the proposed Insured Property that use hazardous substances?  No  Yes

If "Yes", please provide us with a description of each contracting or service operation below with corresponding revenues associated with such activities:

- a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_

d) \_\_\_\_\_

13. How many more properties do you anticipate acquiring during the proposed policy term for coverage under the policy?

\_\_\_\_\_

14. Do you have an environmental due diligence plan for future acquisition(s)?  No  Yes  
(please attach along with your submission)

15. A. In the last five years, has the applicant had any reportable releases or spills of hazardous substances, hazardous wastes, or any other pollutants as defined by applicable environmental statutes or regulations?

No  Yes, provide details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. In the last five years, has the applicant been prosecuted or is the applicant currently being prosecuted for contravention of any standard or law relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental statutes or regulations?

No  Yes, provide details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. List all claims made against the applicant 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 pollutant, from this location or other locations owned or operated by the applicant, into the environment. Attach a brief description of the claim(s) and their disposition.  None to report.

*For the purpose of Question D. below, "YOU" means the manager or supervisor of the applicant responsible for environmental affairs, control or compliance, or any manager of the location(s) which is the subject of this application, or any officer, director or partner of the applicant.*

D. At the time of the signing of this application, do you know 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 for bodily injury or property damage arising from the release of pollutants into the environment?

No  Yes If "Yes", attach details to application.

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**NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**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 LOUISIANA 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 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 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 OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. Applicant's acceptance of Company's quotation and Company's written agreement to be bound are required to bind coverage and to issue a policy. It is agreed that this form shall be the basis of the contract should a policy be issued, and will be attached to the policy and made a part thereof.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

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

The applicant understands and recognizes that this Policy is issued based upon the Company's reliance on the accuracy of the information disclosed and the truth of the statements made herein and in the disclosure process. The applicant further recognizes that any breach of the foregoing warranties could have a material adverse affect on the Company.

The applicant further declares, warrants and represents that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

I hereby certify to the truth of the foregoing and that I am authorized to execute the foregoing warranty and representation on behalf of the applicant.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
SIGNATURE OF OFFICER OR OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME AND TITLE

\_\_\_\_\_  
BROKERAGE FIRM

\_\_\_\_\_  
ADDRESS OF BROKERAGE FIRM

\_\_\_\_\_  
CONTACT PERSON AND TELEPHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS