



Site Pollution Liability Supplemental Application

APPLICANT'S NAME:

DEDUCTIBLE DESIRED

- \$1,000 \$2,500 \$5,000
 Other: \$ _____

LIMITS OF LIABILITY REQUESTED

- \$1,000,000 each claim/ \$1,000,000 aggregate policy limit
 \$ _____ each claim /\$ _____ aggregate policy limit

COVERAGES REQUESTED

General Liability

ISO Class Code(s) _____

- Occurrence
 Claims-Made

Retroactive date: / /

Site Specific Coverage

ISO Class Code(s) _____

- Claims-Made Retroactive date: / /

Check which option the Applicant is requesting:

- Site Pollution Liability with Transit
 Site Pollution Liability without Transit
 Cleanup of sudden & accidental releases

GENERAL INFORMATION - Explain all "YES" responses

YES NO

- Has the Applicant ever had any reportable releases or spills of hazardous substances of pollutants?
 Fines or NOVs?
 Neighbor's complaint?

YES NO

- Does Applicant have a Fire Protection Plan?
 Does Applicant have a documented inspection program?
 Does Applicant have an Emergency Response Plan?

Provide a complete description of the Applicant's operations (include a diagram of the facility)

REQUIRED ATTACHMENTS FROM ALL APPLICANTS :

The following items must accompany this section:

- Copies of the expiring policy if applicable Copy of the Emergency Plan (if applicable)
 Copies of any environmental surveys/audits conducted at the location Copy of resumes of key personnel

Comments:



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COMPLETE FOR EACH FACILITY TO BE COVERED					
Name Address City, State, Zip		Description of Site Operations		Age of Facility	
Description of Past Occupancies and Land Use		Description of Surrounding Environmental and Land Use (N, S, E, & W)			
Description of Future use of the Facility		Description of industry located within a 3 mile radius of this facility:			
<p><i>Provide an explanation for any "YES" answers</i></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Is this a RCRA or Superfund Site or have the potential to become one?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Have any waste materials been disposed of, spilled, or buried at this facility?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Have there been any leaks, spills, or discharges at this facility?</p>					
Permits and Ground Water Monitoring <input type="checkbox"/> POTW <input type="checkbox"/> NPDES <input type="checkbox"/> AIR <input type="checkbox"/> STORMWATER					
DOES	On-site ground monitoring wells? <input type="checkbox"/> YES <input type="checkbox"/> NO				
LOCATION	If YES, how many?	What contaminant is being monitored?	Frequency of monitoring?		
HAVE:	If YES, provide monitoring results from past 4 samples & a map showing the location of the wells & groundwater flow direction.				
Description of nearby surface water bodies (e.g., streams, lakes, wetlands):					
Description of any protected environments in the area (parks, wildlife reserves, etc.):					
Description of all raw/hazardous materials used or stored on-site					
QUANTITY OF MATERIAL			METHOD OF STORAGE		
DESCRIPTION	PER YEAR	ANY ONE TIME	TYPE (E.G., DRUM, ETC)	SECONDARY CONTAINMENT	
1					
2					
3					
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Description of all above/underground storage tanks on-site:

Tank #	AST or UST	Construction of Tank	Construction of Piping	Capacity	Year installed Tank/Piping	Contents	Spill Containment	Secondary Containment
<i>Example:</i>	<i>AST</i>	<i>Fiberglass</i>	<i>Fiberglass</i>	<i>5,000 gal</i>	<i>1995/1995</i>	<i>Diesel</i>	<i>Yes</i>	<i>110% Volume - Poured Concrete</i>

Explain any tank inventory control and/or testing methods used (attach latest tank test results):

Are the tanks registered with the state? YES NO Are the tanks and dispenser areas clean and free of spillage? YES NO

AUTHORIZATION FOR A PHONE SURVEY

Applicant's Name: _____

Date: / /

Applicant's Signature: _____

Telephone # : _____

Person to Contact: _____

Date & Time to Call: _____

The undersigned hereby authorizes Colony Management Services, Inc. and/or a consultant under contract with Colony Management Services to contact the insured directly for the purpose of conducting a telephone survey.

(Please provide several dates/times that are convenient for Applicant.)

List Additional Locations:

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TRANSIT INFORMATION (COMPLETE ONLY IF REQUESTING THIS COVERAGE) NOT APPLICABLE

What is the radius of transit (in miles) of materials from your facility?

Driver training and MVR review policy in place?

How many vehicles are used?

What type of vehicles are being used to transport materials from your site?

What mobile equipment is used/owned?

Do you have EPA or State status as required to transport and/or store waste materials generated from your work? (Attach an explanation.)

Do you have a safety protocol and/or spill plan in place in case of an accident or spill with a vehicle transporting material from your site? Please attach copies or describe.

What experience do you require of drivers transporting materials off site? (e.g., commercial driver's licenses, special training for the handling of the materials, safety training in case of a spill or accident?)

Have you had any pollution-related losses or claims from the transit of materials from your facility in the past five years? (If "YES", please provide details.)

What materials are being transported and how much of each material is being transported?

MATERIALS TRANSPORTED	AMOUNT TRANSPORTED AT ANY ONE TIME
1.	1.
2.	2.
3.	3.
4.	4.

Comments:

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.
* not applicable in all states