



Fiercely Committed.  
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LOCATIONS  
Quincy, MA  
West Hartford, CT  
Philadelphia, PA

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## SITE POLLUTION LIABILITY APPLICATION (CLAIMS MADE FORM)

1. NAME OF APPLICANT: \_\_\_\_\_

2. MAILING ADDRESS: \_\_\_\_\_ Phone No. \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

3. DATE ESTABLISHED: \_\_\_\_\_ Corporation \_\_\_\_ Partnership \_\_\_\_ Individual \_\_\_\_

4. During the past five years has the name of the firm been changed or has any other business been purchased or any merger of consolidation taken place? Yes \_\_\_\_ No \_\_\_\_ If yes, please give full details: \_\_\_\_\_

5. Is the firm engaged in, owned by, associated with or controlled by any other business: If yes, give details \_\_\_\_\_

6. Coverages requested:

Third Party Liability Yes \_\_\_\_ No \_\_\_\_

On Site Clean Up Yes \_\_\_\_ No \_\_\_\_

Limits of Liability requested \_\_\_\_\_ Deductible \_\_\_\_\_

Policy Term \_\_\_\_\_ Retroactive Date \_\_\_\_\_

7. Schedule of Locations to be covered (address, state, and zip code):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

8. Gross Revenues (Past three years): \_\_\_\_\_  
 Estimated for the next twelve (12) months: \_\_\_\_\_  
 Prior twelve (12) months: \_\_\_\_\_  
 Twelve (12) months prior: \_\_\_\_\_
9. Please provide the following additional information as an attachment to this application:
- Attached Supplemental Application for each location to be covered
  - Resumes of key personnel
  - Most recent annual income statement and balance sheet
  - Any applicable environmental report, including any phase I or II environmental site assessment, corrective action plans, or closure reports.
  - Complete details of any fines, permit violations or public complaints
  - Copies of any Spill Prevention, Control and Countermeasure (SPCC) procedures
10. Has any application for Liability Insurance made on behalf of the firm, any predecessors in business or present Partners ever been declined or has the insurance ever been cancelled or renewal refused? Yes \_\_\_\_ No \_\_\_\_  
 If yes, please provide details:  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Has any claim ever been made against the firm or any persons named in item 1? Yes \_\_\_\_ No \_\_\_\_  
 If yes, please attach details stating:
- date when claim was made;
  - date the act giving rise to the claim was committed;
  - name of the claimant
  - 4) nature of the claim
  - 5) amount involved including reserves;
  - 6) final disposition.
12. Is the Applicant aware of any circumstances which may result in any claim against him, the firm, his predecessors in business, or any of the present or past Partners or Officers? Yes \_\_\_\_ No \_\_\_\_ If yes, please give full details on the same basis as item 20.
13. Has any insurer cancelled or refused to renew any similar insurance during the past five years? \_\_\_\_\_
14. The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Producer

SUPPLEMENTAL INFORMATION - COMPLETE FOR EACH LOCATION

1. Facility Name: \_\_\_\_\_

2. Location: \_\_\_\_\_

3. Age: \_\_\_\_\_

4. Describe any pre-existing conditions at this location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe in detail current the current operations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe Historical Site Use/Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Physical Setting:

a. Distance to nearest residential area: \_\_\_\_\_

b. Distance to nearest drinking water well: \_\_\_\_\_

c. Distance to nearest surface water: \_\_\_\_\_

d. Depth to  
Groundwater: \_\_\_\_\_

e. Provide a brief description of adjacent properties:

East: \_\_\_\_\_

West: \_\_\_\_\_

North: \_\_\_\_\_

South: \_\_\_\_\_

8. Chemical Use:

Chemical Name	Quantity	Storage Method
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	Total/Year	At Any One Time	Drum	AST	UST	Other

9. Wastewater Handling:

Constituent	Discharge Limit	Receiving Body	Outfall #	Treatment

10. Waste Generation:

Waste	Quantity/Year	Treatment	Disposal	Quantity	Date Started

11. Off Site Disposal:

Waste	Quantity/Year	Treatment	Disposal	Quantity	Date Started

12. On Site Disposal:

Active Landfill: a. Total Acreage: _____
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15. Above Ground Tanks:

ID	Date Installed	Capacity (gal)	Contents	Construction <sup>1</sup>	Containment

<sup>1</sup>Construction

- SW= Single Wall
- DW=Double Wall
- CPS= Cathodic Protection
- FRP=Fiberglass
- FCS=FRP-Clad Steel
- BS= Bare Steel

<sup>2</sup>Leak Detection

- ATG=Auto Tank Guaging
- INT=Interstitial Monitoring
- DIC=Daily Inventory Control
- MVM=Vapor Monitoring Wells
- MGM=Groundwater Monitoring Wells
- PTT=Precision Tightness Test
- SIR=Statistical Inventory Control

16. Has this location been cited or prosecuted for any violation of any standard or law relating to the release of a substance into the environment? Yes\_\_\_ No\_\_\_ If yes, provide details:\_\_\_\_\_

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17. Has this location ever been sued or requested to pay any damages or to perform any cleanup activities with respect to any actual or alleged pollution incident either on the facility or to an offsite party or location? Yes\_\_\_ No\_\_\_ If yes, provide details:\_\_\_\_\_

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18. List all environmental losses paid over the past ten years:

Date            Amount            Details

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