



SITE SPECIFIC POLLUTION LIABILITY APPLICATION

NOTICE: If a policy is issued, amounts incurred for legal defense will reduce the limit of Liability available to pay judgments for settlements. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

Date _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Coverage Requested:

- New Business Renewal
 Third Party Pollution Liability
 On site Pollution Liability

Proposed Effective Date: _____

Proposed Retroactive Date: _____

Limits of Liability: _____

Deductible _____

1. PRIOR SITE POLLUTION LIABILITY CARRIER INFORMATION				
CARRIER	LIMIT OF LIABILITY	DEDUCTIBLE	RETRO ACTIVE DATE	PREMIUM

Any policy or coverage declined, canceled or non-renewed during the prior three years? Yes No

If yes explain:

2. What are the Applicant's estimated gross sales for the next 12 months? _____

3. Property Description - Please complete the following for all locations you wish to be covered.

	Location (address)	Description	Acreage	Length of Operations
a.				
b.				
c.				
d.				
e.				



4. Describe Current Operations (For each locations):

5. List All Structures On The Property:

6. Provide A List of All Additional Occupants On This Property (owned or leased):

7. Provide a Site History Including Past Land Use and The Time Period of Each Operation:



8. Provide All Past Storage and Disposal Practices at Each Site:

9. Does this site Generate, Handle, Store or Dispose of any Hazardous Material? Yes No
 If yes, please complete the following: (use additional sheets or provide a complete schedule if necessary)

A. Type of Hazardous Material: _____

B. Quantity of Hazardous Material: _____

C. Describe the On site Storage Practices and Storage Areas:

D. Describe the Building(s) Fire Alarm & Suppression System:

E. Describe the Disposal Methods Used:

F. Describe the On site Containment System:

10. Does this site have any Underground Storage Tanks? Yes No
 If yes, please complete the following: use additional sheets or provide a complete schedule if necessary)

	Tank 1	Tank 2	Tank 3	Tank 4
Date of Installation				
Tank Construction Material				
Piping Construction Material				
Capacity				
Material Stored				
Most Recent Tightness Test				
Tank Protection				
Tank Leak Detection				
Number of Monitoring Wells (Site)				
Compliant with all UST Guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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11. Does this site have any Aboveground Storage Tanks?

Yes No

If yes, please complete the following: use additional sheets or provide a complete schedule if necessary)

	Tank 1	Tank 2	Tank 3	Tank 4
Date of Installation				
Tank Construction Material				
Capacity				
Material Stored				
Diking Construction				
Diking Capacity				

Describe your Storm
Water Drainage
Procedures:

12. Provide a Description of Adjacent Properties

(Use additional sheets or provide a complete schedule for supplemental sites)

North: _____

South: _____

East: _____

West: _____

13. Identify all nearby bodies of Surface Water and Approximate Distance:

14. Are there any Sensitive Environments within 1 mile of the site? (i.e. schools, parks, etc.)

Yes No

If yes, please describe fully.

15. Identify all nearby water wells and approximate distance:



16. Does this site treat, process, separate or recycle any of the following? Yes No
If yes, please show percentage of each type of waste handled.

	Glass		Household Garbage		Household Hazardous Waste
	Plastic		Cardboard		Appliances
	Aluminum		Oil/Oil Filters		Commercial Solid Waste
	Paper		Fluorescent Lights		Other (List below)

A. Is your site fenced and locked to prevent trespassing while closed? Yes No

B. Is the entrance controlled while open for business? Yes No

C., Do you allow the general public direct access to your site? Yes No

D. Describe the Building (s) Fire Alarm & Suppression System:

E. Describe the **Any on Site Disposal Methods** used:

F. Describe the **On Site Containment System**:

17. Do you have a landfill on site? Yes No

If yes, please complete the following: (use additional sheets or provide a complete schedule if necessary)

Acreage		Total Acres		Active Landfill		Closed Landfill		Vacant Land
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A. Describe the type of waste collected:

B. Is the Landfill Lined Yes No

Type of Liner: Material: _____ Thickness: _____

C. Do you have a leachate collection system in place? Yes No

D. How many Active Groundwater Monitoring Wells are in Place? _____

E. Any hazardous or Medical Waste Accepted? Yes No

F. Is there any burning of Rubbish or other Materials allowed at the site? Yes No

G. Is the landfill fenced and locked to prevent trespassing while closed? Yes No

H. Is the Entrance Controlled while open for Business? Yes No



18. Have you during the last five years received any violations regarding any standard or law relating to the Release of a substance from the location(s) into sewers, rivers, air or onto land? Yes No

If yes, please provide details

If yes, have you ever been prosecuted? Yes No

19. Please describe any pollution claims which have occurred during the last five years (if none exist, please state None)

20. At the time of signing this application are you aware of any circumstances which may reasonably be expected give rise to a claim under this policy? Yes No

If so, please provide details:

FRAUD WARNING: APPLICABLE TO ALL STATES

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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.



WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance. Notice to applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing and false information, or conceals for the purpose of misleading, information concerning fact material thereto, contains a fraudulent insurance act, which is a crime.

Signature: _____

Title: _____

Date: _____