|  |  |
| --- | --- |
| logo.jpg Insight. Experience. Commitment. | Public/Educational Entity Pollution Liability Insurance Policy Application |

Policy Application

**Instructions:**

* Please type or print clearly.
* Answer ALL questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print “N/A” in the space.
* Provide any supporting information on a separate sheet using your letterhead and reference the applicable question number.
* This form must be completed, dated and signed by an authorized representative of your entity.

**Required Attachments:**

* Tank Inventory Lists ([ ]  check here if not applicable)
* Locations Schedule

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy and any endorsement thereto, which provides coverage on a CLAIMS-MADE AND REPORTED BASIS for any claims made and reported to the Insurer, in writing, during the policy period.

|  |  |
| --- | --- |
| Name of Applicant: |       |
|  |  |
| Principal Contact: |       | Email address: |       |
|  |  |  |  |
| Complete Mailing Address: |       |
|  |  |
| Telephone #: |       | Fax #: |       |
|  |  |
| Types of Exposures to be covered under this policy (check all that apply) [ ]  |  |
| Above Ground Storage Tanks | [ ]  Yes [ ]  No | Municipal Garages | [ ]  Yes [ ]  No |
| Airports  | [ ]  Yes [ ]  No | Landfills | [ ]  Yes [ ]  No |
| Bus Depots | [ ]  Yes [ ]  No | Nursing Homes/Assisted Living Communities | [ ]  Yes [ ]  No |
| Educational Facilities | [ ]  Yes [ ]  No | Reclaimed Water Sales/Use | [ ]  Yes [ ]  No |
| Electric Utility  | [ ]  Yes [ ]  No | Recycling Facilities (non-hazardous) | [ ]  Yes [ ]  No |
| Gas Utility | [ ]  Yes [ ]  No | Service Work (outside of covered locations) | [ ]  Yes [ ]  No |
| Golf Courses | [ ]  Yes [ ]  No | Sewage Districts | [ ]  Yes [ ]  No |
| Hazardous Waste Facilities | [ ]  Yes [ ]  No | Spraying Operation (weed/pesticide) | [ ]  Yes [ ]  No |
| Health Clinics | [ ]  Yes [ ]  No | Underground Storage Tanks | [ ]  Yes [ ]  No |
| Hospitals | [ ]  Yes [ ]  No | Wastewater Treatment Facilities | [ ]  Yes [ ]  No |
| Irrigation Districts | [ ]  Yes [ ]  No | Water Treatment Facilities | [ ]  Yes [ ]  No |

|  |
| --- |
| List other facility types below: |
|       |

|  |  |  |  |
| --- | --- | --- | --- |
| Population (Municipalities): |       | Enrollment (School Districts): |       |
|  |  |
| Desired effective date of coverage: |       |
|  |  |
| Limits of Liability and Self Insured Retention requested: |
| **Limits of Liability** | **Self Insured Retention** |
| Per Loss $2,000,000 | Per Loss $10,000 |
| Aggregate $4,000,000 |  |

|  |  |
| --- | --- |
| Within the past five (5) years has the applicant purchased this type of insurance coverage? If ‘yes’, please attach information regarding all available loss information. | [ ]  Yes [ ]  No |
|  |  |
| Are all of applicant’s storage tanks compliant with all applicable federal, state and local regulations? If ‘No’, please attach a written explanation of outstanding compliance issues. | [ ]  Yes [ ]  No [ ]  N/A |
|  |  |
| Is the Insured seeking coverage for any locations in the state of Florida? | [ ]  Yes [ ]  No |
|  |  |
| If ‘yes’: are single-walled storage tanks (I.e. Bare steel tanks, steel tanks with cathodic protection, STIP ¾ tanks or tanks operating under ACT 100), with or without any form of tank lining, located at the insured’s facilities in the state of Florida?Were any storage tanks ever removed or closed in place at the locations where the scheduled tanks are currently located? | [ ]  Yes [ ]  No [ ]  N/A[ ]  Yes [ ]  No |
|  |  |
| Will any scheduled storage tanks be removed, closed or upgraded at any of the facilities for which coverage is sought under this policy within the next 18 months? | [ ]  Yes [ ]  No |
|  |  |
| Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the applicant or other party to the proposed insurance? if ‘yes’, please attach information regarding any such claims or legal actions. | [ ]  Yes [ ]  No |
|  |  |
| Does the applicant or other party to the proposed insurance have knowledge of any pollution conditions at any of the proposed covered locations? If ‘Yes,’ please attach information regarding any such pollution conditions. | [ ]  Yes [ ]  No |
|  |  |
| At the time of signing this application, are you aware of any circumstances that may reasonably be expected to give rise to a claim against any insured? If ‘yes’, please attach information regarding any such circumstances. | [ ]  Yes [ ]  No |

Disclosure Statement

It is understood and agreed that if any such claims exist, or any such facts or circumstances exist which could give rise to a claim, then those claims and any other claims arising from such facts or circumstances are excluded from the proposed insurance unless otherwise affirmatively stated in the policy.

By signing this application, the applicant warrants to the company that all statements made in this application including attachments, about the applicant and its operations are true and complete, and that no material facts have been misstated in this application or concealed. Completion of this form does not bind coverage. The applicant’s acceptance of the company’s quotation is required before the applicant may be bound and a policy issued.

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act. Such an act is a crime and subjects such person to criminal and civil penalties.

|  |  |  |
| --- | --- | --- |
| Signature of Authorized Applicant |  | Signature of Broker/Agent |
|  |  |  |
| Print Name |  | Print Name |
|  |  |  |
| Title |  | Date |
|  |  |  |
| Date |  | Signed by Licensed Resident Agent(Where required by Law) |