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| 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.

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| 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 |

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

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| 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 |
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| 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 |
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| Is the Insured seeking coverage for any locations in the state of Florida? | Yes  No |
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| 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 |
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| 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 |
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| 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 |
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| 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 |
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| 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.

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