



- Illinois Union Insurance Company
- Westchester Surplus Lines Insurance Company
- INA Surplus Insurance Company

Premises Pollution Liability Coverage Application

FOR PUBLIC / EDUCATIONAL ENTITIES

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 List(s) (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 BASIS for any claims made and reported to the Insurer, in writing, during the policy period,.

1. Name of Applicant: _____

Principal Contact: _____ E-mail Address: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____

1. Types of Exposures to be covered under this policy (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Above Ground Storage Tanks | <input type="checkbox"/> Municipal Garages |
| <input type="checkbox"/> Airports | <input type="checkbox"/> Landfills |
| <input type="checkbox"/> Bus Depots | <input type="checkbox"/> Nursing Homes/Assisted Living Communities |
| <input type="checkbox"/> Educational Facilities | <input type="checkbox"/> Reclaimed Water Sales/Use |
| <input type="checkbox"/> Electric Utility | <input type="checkbox"/> Recycling Facilities (non-hazardous) |
| <input type="checkbox"/> Gas Utility | <input type="checkbox"/> Service Work (outside of covered locations) |
| <input type="checkbox"/> Golf Courses | <input type="checkbox"/> Sewage Districts |
| <input type="checkbox"/> Hazardous Waste Facilities | <input type="checkbox"/> Spraying Operation (weed/pesticide) |
| <input type="checkbox"/> Health Clinics | <input type="checkbox"/> Underground Storage Tanks |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Wastewater Treatment Facilities |
| <input type="checkbox"/> Housing Authorities | <input type="checkbox"/> Water Districts |
| <input type="checkbox"/> Irrigation Districts | <input type="checkbox"/> Water Treatment Facilities |

List other facility Types Here (if applicable):

2. Desired effective date of coverage: _____
3. Limits of Liability and Self Insured Retention requested:

Limits of Liability:		Self Insured Retention:	
Per Loss:	\$ _____	Per Loss:	\$ _____
Aggregate:	\$ _____		

4. Within the past five (5) years has the applicant purchased this type of insurance coverage? YES NO
 a. *If "Yes", please provide information regarding all available loss information.*
5. Are all of applicant's storage tanks compliant with all applicable federal, state and local regulations? (n/a applicable, no storages tanks to be covered) YES NO
 b. *If "No", please provide a written explanation of outstanding compliance issues.*
6. 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? YES NO
 c. *If "Yes", please provide information regarding any such claims or legal actions.*
7. Does the applicant or other party to the proposed insurance have knowledge of any pollution conditions at any of the proposed covered locations? YES NO
 d. *If "Yes", please provide information regarding any such pollution conditions.*
8. 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? YES NO
 e. *If "Yes", please provide information regarding any such circumstances.*

***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)