

Canopy Specialty Insurance Environmental & Restoration

Site Specific Pollution Legal Liability Application

Please submit five (5) years loss runs, current financials, ACORD 125/126.

If new venture, send resume and NKLL.

I. Applicant Information

Date:
Renewal of Policy No:
Named Insured:
Mailing address:
Website:
Phone:
Contact e-mail and phone number:
Company is: Individual Partnership Corporation Joint Venture Other

II. Coverage Requested

Onsite Cleanup	
Offsite Cleanup	
Bodily Injury and Property Damage	
Proposed Effective Date:	
Proposed Retroactive Date:	
Limits Requested (Occurrence/Aggregate):	
Deductible Requested:	

III. Expiring Insurance Information

Coverage	Carrier	Limits	Premium	Effective Date	Deductible

1. Has any policy or coverage been declined, cancelled, and/or non-renewed coverage? Yes No

IV. Company Information

Date business was established:		
Has applicant ever operated under another name? If, so, what?		
Has applicant acquired, merged, or discontinued operations in the last five (5) years?	Yes	No
Does applicant have subsidiaries, parent company, or related entities if so, do you share employees?	Yes	No
Describe any operations that have been discontinued, sold or abandoned?		

V. Revenue History

Projected:

Expiring:

First Prior:

Second prior:

VI. Covered Location Information:

Facility Name:

Address:

Acreage:

Year started:

Describe current operations for each location:

Describe historical operations for each location:

Describe adjacent properties, North, South, East, West:

Describe waste generated, method of storage and method of disposal for each location:

Describe any products manufactured:

VII. Location Usage

Are there or were there any Underground Storage Tanks (USTs) at any location? If yes, please complete UST supplemental.	Yes	No
Does any location contain a landfill, transfer station or recycling center? If yes, please complete waste facilities supplemental.	Yes	No
Does any location use, treat or store chemicals or hazardous materials? If yes, please complete chemicals/hazardous waste supplemental.	Yes	No
Does any location treat hazardous materials, human waste or wastewater or drinking water? If so, please complete treatment facility supplemental?	Yes	No
Is any location a residential property, hotel, or office building? If yes, please include indoor air quality/property management supplemental.	Yes	No

VIII. Risk Management Plan

Do you have a formal Health and Safety Plan?	Yes	No
Do you have a Spill Prevention Control and Countermeasures Plan (SPCC)?	Yes	No
Do you have an Emergency Response Plan?	Yes	No
Do you have a standard property management plan?	Yes	No

IX. Compliance and Regulatory History (provide detail for any yes answers)

Are you aware of any past or present contamination at any location or migrating from any location?	Yes	No
Are you aware of any waste disposed of at any location?	Yes	No
Have there been any reportable releases or spills of hazardous material or pollutants at any location?	Yes	No
Have you been cited or prosecuted for violation of any applicable environmental law (local, state, federal)?	Yes	No
Are there any plans to develop or excavate any location (including change in use)?	Yes	No
Have Per- or Polyfluoroalkyl substances (PFAs) been used, stored, manufactured, or disposed of at any location?	Yes	No

X. Vehicle Pollution Exposure

Type of Vehicles	Total Number	Vehicle Make	Vehicle Model	Year	VIN Number	Radius Travelled	Cargo
Private Passenger Autos						Less than 50 50-100 More than 100	
Pickup Trucks						Less than 50 50-100 More than 100	
Vans						Less than 50 50-100 More than 100	
Stake and Flatbed Trucks						Less than 50 50-100 More than 100	

Dump Trucks						Less than 50 50-100 More than 100	
Garbage Trucks						Less than 50 50-100 More than 100	
Vacuum Trucks						Less than 50 50-100 More than 100	
Tractor Trailer Units						Less than 50 50-100 More than 100	
Trailers – not attached to Tractor						Less than 50 50-100 More than 100	
Other (describe)						Less than 50 50-100 More than 100	

Does applicant have an auto safety program in place? If so, please attach a copy.	Yes	No
Does applicant check MVRs at least annually for each of its drivers?	Yes	No
Does applicant have a vehicle maintenance program in place?	Yes	No
Are applicant’s drivers monitored via GPS and/or speed alerts?	Yes	No

It is understood and agreed that if such claims exist, or any such circumstances exist which could give rise to a claim, then those claims 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 are true and complete, that no material facts have been misstated in this application or concealed. Completion of this form does not bind coverage.

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance 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 subject such person to criminal and civil penalties

Signature of application

Print name

Title



Date

Signature of broker

Print name

Date