

BENCHMARK MANAGEMENT GROUP & SPECIALTY LINES UNDERWRITERS

SITE SPECIFIC POLLUTION LIABILITY APPLICATION

SECTION A: APPLICANT INFORMATION				
APPLICANT				
MAILING ADDRESS		CITY	STATE	ZIP CODE
PHYSICAL ADDRESS IF DIFFERENT		CITY	STATE	ZIP CODE
CONTACT NAME		CONTACT E-MAIL		
CONTACT PHONE #		WEBSITE ADDRESS		
COMPANY IS: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Specify) <input style="width: 150px; height: 15px;" type="text"/>				
SECTION B: REQUESTED COVERAGE		<input type="checkbox"/> Renewal	<input type="checkbox"/> New Business	
	LIMITS	DEDUCTIBLE	PROPOSED RETRO DATE	
Third Party Pollution Liability	<input type="checkbox"/>			
On Site Pollution Liability	<input type="checkbox"/>			
SECTION C: PRIOR SITE ILIABILITY CARRIER INFORMATION				
CARRIER	LIMITS	DEDUCTIBLE	RETRO	PREMIUM
SECTION D: GROSS RECEIPTS				
1. What are the applicants estimated gross sales for next 12 months?				
SECTION E: CLAIMS				
1. Have any pollution claims occurred in the past five (5) years: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe in detail.				
2. At the time you signed this application, were you aware of any circumstances which may reasonably be expected to give rise to a claim under this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe in detail:				

SECTION F: PROPERTY

1. How many locations do you wish to be covered?
Please complete the following for all locations you wish be covered.

LOCATION (ADDRESS)

ACREAGE

LENGTH OF OPERATIONS

2. Describe current operations:

3. List all structures on the property:

4. Is the site fenced and locked to prevent trespassing while the site is closed? Yes No

5. Is the entrance of this site controlled when the site is opened for business? Yes No

6. Do you allow the general public direct access to the site? Yes No

7. Describe the building(s) fire alarm & suppression system:

8. Provide a list of all additional occupants on this property (owned or leased):

9. Describe the on site containment system:

10. Describe any on site disposal methods used:

11. Provide a site history including past land use and the time period of each operation:

12. Provide a Description of Adjacent Properties

North

South

East

West

13. Are there any nearby bodies of surface water near the site.? Yes No
If yes, please list and provide the approximate distance from the site:

14. Are there any sensitive environments within 1 mile of the site (schools, parks, etc.)? Yes No
If yes, please , please list:

15. Are there any water wells near the site? Yes No
If yes, please list and provide the approximate distance from the site:

SECTION G: STORAGE AND DISPOSAL PRACTICES

1. Did this site have any past storage and disposal practices? Yes No
If yes, please describe practices at each site:

2. Does this site generate, handle, store or dispose of any potential hazardous material? Yes No
If yes, please complete the following (use additional sheets or provide a complete schedule if necessary)

a. Type and quantity of materials generated, handled, stored or disposed of:

b. Is this site a Small Quantity Generator (SQG)? Yes No

c. Is this site a Large Quantity Generator (LQG)? Yes No

d. Describe the on site storage practices and storage areas:

e. Describe the building(s) fire alarm & suppression system:

f. Describe the disposal methods used:

g. Describe the on-site containment system:

SECTION H: UNDERGROUND STORAGE TANKS

1. 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				
Tank Capacity				
Material Stored				
Most Recent Tightness Test				
Tank Protection				
Tank Leak Detection				
Number of Monitoring Wells (site)				

2. Is all above piping protected from accidental Mobile Equipment contact damage: Yes No N/A

3. Are all tanks compliant with all UST Guidelines? Yes No

SECTION I: ABOVEGROUND STORAGE TANKS

1. Does this site have any above-ground 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				
Tank Capacity				
Material Stored				
Dike Construction				
Dike Capacity				

2. Is all the above ground piping protected from accidental mobile equipment contact damage? Yes No

3. Describe your storm water drainage procedures:

SECTION J: RECYCLING OPERATIONS

1. Does this site treat, process, separate or recycle any of the following: Yes No
 If yes, please list percentage and complete the following:

Material	Yes/No	Percent	Material	Yes/No	Percent
Aluminum	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	Household Garbage	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	Household Hazardous Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Cardboard	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	Oil/Oil Filters	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Commercial Solid Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	Paper	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Fluorescent Lights	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	Plastic	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Glass	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	Other (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	%

a. Is the site fenced and locked to prevent trespassing while it is closed? Yes No

b. Is the entrance controlled while the site is open for business? Yes No

c. Do you allow the general public direct access to the site? Yes No

d. Describe the buildings(s) fire alarm and suppression system:

e. Describe any other site disposal methods used:

f. Describe the on-site containment system used:

SECTION K: LANDFILL OPERATIONS

1. Do you have a landfill on site? Yes No
If yes, complete the following (use additional sheets or provide a complete schedule if necessary).

Acreage	Total Acres	Active	Closed Landfill	Vacant Lot
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

a. Is the site fenced and locked to prevent trespassing while it is closed? Yes No

b. Is the landfill lined Yes No If yes, complete below information:

- 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. Are any hazardous or medical waste accepted? Yes No

f. Is the burning of rubbish or other materials allowed at the site? Yes No

g. Is the landfill fenced and locked to prevent trespassing when the site is closed? Yes No

h. Is the site's entrance controlled while the site is open for business? Yes No

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 insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such 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 any false information, or conceals for the Purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance Act, which is a crime.
- You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature:

Date:

Title: