

POLLUTION LIABILITY FOR RESIDENTIAL CONDOMINIUMS SUPPLEMENT

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

First Named Insured: _____

Location Address: _____

PART 2 LIMITS REQUIRED

(A) Limit of Liability. Please indicate limit of liability required:

Each Incident: \$500,000 \$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000

Policy Aggregate: \$500,000 \$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000

(B) Deductible. Indicate deductible requested: \$5,000 \$10,000

PART 3 TANKS

(a) Are there any Aboveground Storage Tanks (e.g. fuel tank, oil tank) present at any site? Yes No

(b) Are there any Underground Storage Tanks (e.g. fuel tank, oil tank, septic tank) present at any site? Yes No

If "Yes" to (a) or (b) above, please give details and attach additional documents or sheets if necessary

PART 4 CLAIMS/CIRCUMSTANCES

(a) Are you aware of any prior contamination or remediation (even if this pre-dated your occupation of the site)? Yes No

(b) Have you in the last five (5) years any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations? Yes No

(c) At the time of signing this application, are you aware of any facts or circumstances which may reasonably be expected to give rise to a claim or claims being asserted against you for clean-up costs, bodily injury or property damage arising from a release of pollutants? Yes No

If "Yes" to (a) or (b) or (c) above, please describe and provide further documentation

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____ Position: _____

Please print name: _____ Date: _____

BROKER DECLARATION

How long have you known this applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the applicants operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this applicant? _____

Broker's Signature: _____ Position: _____

Please print name: _____ Date: _____