

TOTTEN GROUP

I N S U R A N C E

Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205
 New Submissions: casualty@tottengroup.com Website: www.tottengroup.com

PREMISES ENVIRONMENTAL LIABILITY PROPOSAL FORM

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Please read the Important Notes (last page) prior to completing this proposal form

1. Name of Applicant _____
2. Mailing Address _____
3. Telephone _____ Fax _____
4. Email Address _____
5. Named Insured is Partnership Corporation Joint Venture Other
6. Please provide a detailed description of the Named Insured's operations _____

7. List all other insureds requesting coverage under the policy and describe their relationship with the Named Insured

Other insured	Relationship to named insured

8. List the premises for which cover is required

Address (including post code)	Current Land Use	Prior Land Use (if known)	Surrounding Land Use

9. Are any remediation works currently ongoing or planned at any of these premises? If yes, please provide a description and attach any supporting documents.



10. Are there any aboveground storage tanks (ASTs) present at any of the premises? If so, please provide details as follows:

Tank	Volume	Content	Age	Bunded (Yes/No)*
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No

* Bunds must be impermeable and 110% of tank volume for a single tank or 25% of volume if multiple tanks are in a single bund.

11. Are there any underground storage tanks (USTs) present at the premises? If so, please provide details as follows:

Tank	Volume	Content	Age	Single / Double Skinned	Leak Detection*
1					
2					
3					

* If leak detection equipment is utilised, please indicate type.

NOTE

For the purposes of questions 12 a) to d) "you" means the named insured entity and any Director, Officer or Partner thereof.

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

If "yes" please describe _____

b) Have you in the last five (5) years been prosecuted or threatened with prosecution or are you currently being prosecuted for any offense directly or indirectly arising out of a release from the premises detailed above of any substance into sewers, any surface water, air, or into land or groundwater? Yes No

If "yes" please describe _____

c) List all the claims made against you during the last five (5) years for clean-up, bodily injury, property damage or nuisance, resulting from the release of hazardous substances, hazardous waste or other pollutants from the premises detailed above or any other locations owned or operated by you into the environment.

d) At the time of signing this proposal, 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, bodily injury, property damage or nuisance arising from a release of pollutants into the environment or for environmental damage? Yes No

If "yes" please describe _____



I/we declare that to the best of my/our knowledge and belief the answers given on this proposal whether by me/us or on my/our behalf are complete and true and that I/we have not withheld any material information.

If this proposal has been completed on my/our behalf, I/we agree the person is deemed to be my/our agent and not an agent for QBE Insurance (Europe) Limited, QBE Underwriting Limited or QBE Underwriting Services (UK) Limited and that I/we have read the information provided before signing the form.

I/we confirm that I/we have read and understood the above declaration and the important noted overleaf.

Date

Signature of Proposer

If in Company name, state position held _____

The proposal must be signed by a principal, director or partner of the proposed named insured

IMPORTANT NOTES

Company information

QBE Insurance (Europe) Limited (company number 1761561) is authorised and regulated by the Financial Services Authority (registration number 202842).

QBE Underwriting Limited is the managing agent of QBE Casualty Syndicate 386 at Lloyd's; QBE Syndicate 1886 at Lloyd's and QBE Property Syndicate 200 at Lloyd's.

QBE Underwriting Services (UK) Limited (company number 02262145) is an Appointed Representative of QBE Underwriting Limited (company number 01035198) and is authorised and regulated by the Financial Services Authority (registration number 204858).

The registered address for all the above is: Plantation Place, 30 Fenchurch Street, London EC3M 3BD.

Statement on completion

You must answer all questions correctly and provide all material information. Failure to do so may prejudice you under the policy or the premium that you are requested to pay. Answers such as 'see presentation' or 'see your records' should not be used. If there is insufficient space to answer questions, please use an additional sheet and attach to this form.

If you are unclear as to what is required in response to any question please contact your intermediary.

If there be any material change in, or material addition to, the information given in this proposal form you must notify us writing as soon as practical after you become aware of any such change or addition.

Full details of the policy cover, terms and condition are available on our website at www.qbeeuropa.com Alternatively please ask you intermediary for a full copy of the policy.

Choice of contract law

UK law allows both you and us to choose the law applicable to the contract. The contract will be subject to English law and to the exclusive jurisdiction of the English Courts unless you and we agree otherwise.

Data Protection

Your information may be disclosed to agents and service providers appointed by us, such as claims handling agents and investigative agents. Your information may also be transferred to any country including countries outside the European Union, for the purpose of administration. Your information may be shared with other members of QBE Insurance Group. We are committed to ensuring that our customers' personal information is protected. All personal information is treated in compliance with the Data Protection Act 1998 and we are registered on the Data Protection Register.

If at any time you wish to contact us with any enquiry relating to our practices governing the use of your personal information or for a copy of our data protection policy, you can do so by writing to:

The Compliance Officer, QBE Insurance (Europe) Limited, Plantation Place, 30 Fenchurch Street, London EC3M 3BD.

Complaints

If You have a question or complaint about this application for insurance or the conduct of its intermediary You should contact that intermediary in the first instance. If You wish to contact the us directly you should write to the address above. Please quote the quote reference or policy number as appropriate in any correspondence.

In the event that you remain dissatisfied and where the insurer is or includes a Lloyd's syndicate it may be possible in certain circumstances to refer the matter to the Policyholder and Market Assistance Department at Lloyd's, One Lime Street, London EC3M 7HA; Tel: 020 7327 5693.

If, after making a complaint you feel that the matter has not been resolved to your satisfaction then if you are an eligible complainant you may contact: The Financial Ombudsman Service, South Quay Plaza 2, 183 Marsh Wall, Docklands, London E14 9SR.

A summary of our complaint handling procedure is available on request and will also be provided to you when acknowledging a complaint.