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Quotes@swgins.com
www.swgins.com

Premises Environmental Liability Proposal Form

Please read the Important Notes prior to completing this proposal form

1. GENERAL INFORMATION:

Named insured _____

Address _____

Telephone _____ Fax _____

Email _____

Named insured is a:

Partnership Corporation Joint Venture Other

If other, describe

Please provide a detailed description of the Named Insured's operations:

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

Other insured	Relationship to named insured

2. INSURANCE PROGRAMME:

(a) **Limit of liability.** Please indicate limit of liability required

Each incident: _____

Aggregate: _____

(b) **Deductible.** Please state required options for the each incident excess to be retained by the proposer.

(c) **Has the proposer purchased this type of insurance in the last five (5) years?**

Yes No If "yes" please provide details:

Limit: Each Incident: _____ Aggregate: _____ Deductible: _____ Retroactive Date: _____

3. INSURED PREMISES:

List the premises for which cover is required

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

4. REMEDIATION:

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

5. STORAGE TANKS

Are there any **aboveground** storage tanks (**ASTs**) present at any of the premises? Yes No
If so, please provide details as follows:

Tank	Volume	Content	Age	Secondary Containment (Yes/No)*
1				
2				
3				
4				

* Secondary Containment must be impermeable and 110% of tank volume for a single tank or 25% of volume if multiple tanks are in a single secondary containment.

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

Tank	Volume	Content	Age	Single / Double Walled	Leak Detection *
1					
2					
3					
4					

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

NOTE

For the purposes of questions 6 a) to d) “you” means the named insured entity and any Director, Officer or Partner thereof.

6. CLAIMS/CIRCUMSTANCES:

- 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

7. DECLARATION

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to SWG Group ("SWG") for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize SWG Group, its insurers or service providers to:

- Conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- In the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

DECLARATIONS AND SIGNATURE

The undersigned declares that the above statements are accurate and complete and acknowledges the undersigned's understanding that the Insurers are relying upon the statements in issuance of any quotation, binder or policy related to this Application. Should a policy be issued, this Application and its attachments shall form part of the policy. The undersigned agrees that if information supplied in this Application changes between the date of this Application and the effective date of the policy, the undersigned will provide written notice of such changes immediately to SWG and SWG may withdraw or modify any outstanding quotations or agreement to bind coverage.

Proposer's Signature

Date

If in company name, state position held _____

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

Additional Information:

Please Note:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.