

## APPLICATION FORM

This APPLICATION form should be completed by a Director of the Company or someone who would be classified as a RESPONSIBLE INSURED as defined under the terms of this POLICY.

### 1. GENERAL INFORMATION

Named Insured

Address

---

---

---

Telephone

---

Fax

---

Email

---

---

### 2. BUSINESS DESCRIPTION

Please provide a detailed description of the BUSINESS OPERATIONS.

Business Description

---

---

Turnover

---

---

Number of premises to be insured as COVERED LOCATIONS.

Do you have certification to any environmental management accreditation programmes?

---

---

Are there any above or below ground storage tanks at the COVERED LOCATIONS?

Do you possess or have you commissioned any environmental reports in relation to the BUSINESS OPERATIONS and/or COVERED LOCATIONS?

---

---

Do you benefit from sudden & accidental pollution cover under the terms of a third party general liability policy?

---

---

### 3. DECLARATION

The Applicant represents that, in the past 5 years, the following statements and facts are true and that no material facts have been suppressed or misstated.

- a. There have been no reportable releases or spills of hazardous substances, hazardous waste, environmental damage or any other pollutants as defined by applicable environmental statutes or regulations attributable to the Applicant or their products.
- b. There have been no prosecutions, or threats of prosecution, and there are no current prosecutions, attributable to the Applicant or their products, for any offence, either directly or indirectly arising out of pollution, environmental damage or a release of any substance into sewers, rivers, sea or air or onto land or groundwater.
- c. There have been no claims resulting from pollution, environmental damage or the release of hazardous substances, hazardous waste, or other pollutants, attributable to the Applicant or their products, into the environment.
- d. At the time of signing this application, there are no known facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against an Applicant in relation to coverage being provided under this POLICY.
- e. There have been no former uses of the COVERED LOCATIONS that the Applicant is aware of that may have resulted in significant ground contamination issues.

**Signature**

---

**Title**

---

**Company**

---

**Date**

---