



## SITE SPECIFIC POLLUTION LIABILITY APPLICATION

**NOTICE:** If a policy is issued, amounts incurred for legal defense will reduce the limit of Liability available to pay judgments for settlements. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

<b>NAME OF COMPANY</b>	
<b>ADDRESS</b>	
<b>CITY/STATE/ZIP CODE</b>	
<b>TELEPHONE #</b>	<b>WEBSITE</b>
<b>PRINCIPLE OPERATIONS OF COMPANY</b>	
<b>PROJECTED GROSS REVENUES FOR THE NEXT 12 MONTHS</b> \$	
<input type="checkbox"/> New Business <input type="checkbox"/> Renewal	
<b>WHAT COVERAGE DO YOU WANT?</b> THIRD PARTY LIABILITY <input type="checkbox"/> ON-SITE CLEANUP <input type="checkbox"/> OFF-SITE CLEANUP <input type="checkbox"/> TRANSPORTATION POLLUTION LIABILITY <input type="checkbox"/> (If selected, please complete the Transportation Pollution supplement) NON-OWNED DISPOSAL SITE COVERAGE <input type="checkbox"/> (If selected, please complete the Non-Owned Disposal Site supplement)	
<b>PROPOSED EFFECTIVE DATE:</b> <b>PROPOSED RETROACTIVE DATE:</b> <b>LIMITS REQUESTED:</b> <b>DEDUCTIBLE REQUESTED:</b>	
Do you have current pollution liability coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then please attach a copy of your current Declarations page.)	
Have any environmental site assessments or other relevant site investigations been performed in the past 24 months for any site to be insured? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes attach a copy of all relevant documents)	
Have any claims been received in the last 5 years alleging liability resulting from a pollution release at any site to be insured? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes attach a copy of all relevant correspondence relating to these matters)	
In the past 5 years have you received any notice of violation, fine, or penalty resulting from a failure to comply with an environmental permit or license? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes attach a copy of all relevant correspondence relating to these matters)	
Are you aware of any current or past pollution conditions at, under, or migrating from any of the Locations for which you are requesting coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes attach a copy of all relevant correspondence relating to these matters)	
Are you aware of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against you for environmental cleanup or for bodily injury or property damage arising from the releases of pollutants? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes attach a copy of all relevant correspondence relating to these matters)	

**PROPERTY DESCRIPTION:**

(Please attach a copy of this page for each location to be insured)

Address:

**DESCRIPTION OF OPERATIONS AT THAT LOCATION:****LENGTH OF OPERATIONS:****DESCRIPTION OF SURROUNDING PROPERTIES: (NORTH, SOUTH, EAST AND WEST)****ARE THERE THIRD PARTIES THAT OPERATE ON OR LEASE PORTIONS OF THE PROPERTY?**

☐ Yes ☐ No

(If yes, then please attach a list of these third parties with a description of what they do on the site.)

**WAS THE SITE EVER USED AS A WASTE DISPOSAL FACILITY, WHETHER PERMITTED OR NOT?**

☐ Yes ☐ No

(If yes, then please complete the Waste Disposal Facility supplement.)

**DOES THE SITE HAVE ANY UNDERGROUND STORAGE TANKS?**

☐ Yes ☐ No

If yes, do you want coverage for these tanks? ☐ Yes ☐ No

(If yes, then please complete the UST supplement.)

**DOES THE SITE HAVE ANY ABOVEGROUND STORAGE TANKS THAT STORE MORE THAN 1,000 GALLONS OF LIQUIDS?**

☐ Yes ☐ No

(If yes, then please complete the AST supplement and attach the site's Spill Prevention, Control and Countermeasure plan.)

**DOES THE SITE STORE OR TREAT ANY HAZARDOUS MATERIALS?**

☐ Yes ☐ No

(If yes, then please complete the attached Hazardous Materials supplement.)



**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 act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**WARRANTY STATEMENT**

The undersigned authorized officer of the applicant declares that the statement 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.

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(Signature)

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(Title)

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(Date)

Veracity Insurance Solutions, LLC  
260 South 2500 West, Suite 303  
Pleasant Grove UT 84062  
[info@veracityins.com](mailto:info@veracityins.com)  
T: 866.395.1308  
F: 801.763.1374