



AXA XL Facilities Pollution Application

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THIS APPLICATION IS FOR A “CLAIMS-MADE AND REPORTED” POLLUTION AND REMEDIATION LEGAL LIABILITY POLICY.

PLEASE READ THE APPLICANT INSTRUCTIONS BELOW CAREFULLY AND FILL OUT THIS APPLICATION COMPLETELY.

APPLICANT INSTRUCTIONS:

1. Answer all questions; leave no blank spaces. Sections I through III must be completed in their entirety. If you have up-to-date engineering reports (e.g., Phase I Environmental Site Assessment Reports), Section IV does not have to be completed.
2. If any questions do not apply, or the answer is “No”, please indicate.
3. If requesting coverage for multiple locations, answer the questions that pertain to any of the locations and attach a location schedule that lists the requested locations, along with a description and summary of operations/use for each.
4. In addition to completing this Application, please attach copies of the following, if available:
 - Past five (5) years loss runs history.
 - Past two (2) years of the Applicant’s audited financial statements.
5. If Business Interruption Coverage is desired, please attach a copy of a completed business interruption/income worksheet for each location.
6. If Mould Coverage is desired, please attach a completed AXA XL Mould Supplemental Application.
7. If Legionella Coverage is desired, please attach a completed AXA XL Legionella Supplemental Application.
8. If coverage for Landfills is desired, please attach a completed AXA XL Landfill Pollution Supplemental Application.

SECTION I – GENERAL INFORMATION

1. APPLICANT NAME:

Street Address: _____
City/Province/Territory/Postal Code: _____
Contact Name: _____ Contact Title: _____
Telephone: _____ Fax: _____
E-mail: _____ Website: _____
Federal Employer Identification Number: _____

- 2. FIRM IS:** ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other: _____
☐ Public Or ☐ Private

- 3. REVENUES:** Estimated (Ensuing Year): 20 \$ _____ Previous Year: 20 \$ _____

4. LOCATION(S) DESCRIPTION:

Please complete the table below for each location in which coverage is to be provided. If additional space is needed, please attach a list of requested locations, along with their address, property description and uses/operations for each.

Location Name	Location Address	Brief Location Description and Use/Business Operations

SECTION II – IN-FORCE POLLUTION COVERAGE SUMMARY

1. CURRENT POLLUTION COVERAGE PROVIDED UNDER OTHER POLICIES:

Whether full pollution coverage or sudden/accidental named peril coverage, please summarize the current in-force pollution coverage in the table provided below. If additional space is needed, please attach.

Current Carrier	Policy Period	Limits and/or Sublimits of Liability	Self-Insured Retention Amount	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

- a. Has any insurance company denied, canceled or non-renewed pollution liability coverage? ☐ Yes ☐ No
If yes, please give details:

SECTION III – RECORD, COMPLIANCE HISTORY AND FUTURE SITE PLANS

1. RECORD:

- a. Have you ever been investigated, cited and/or prosecuted for contravention or violation of any standard or law relating to any release of pollutants? ☐ Yes ☐ No
If yes, please give details:
- b. Have you ever had any pollution claims including, but not limited to, claims by private persons, entities, government agencies or other third parties? ☐ Yes ☐ No
If yes, please describe:
- c. Are you aware of any past or present contamination on, at, under or migrating from any location listed herein, or any circumstances which may reasonably be expected to give rise to a claim or could generate a request for coverage under this policy? ☐ Yes ☐ No
If yes, please explain:

2. COMPLIANCE HISTORY:

- a. Have you received any Notices of Violation (NOVs), fines, penalties, complaints, or other enforcement actions regarding compliance with any environmental law within the past five (5) years? ☐ Yes ☐ No
If yes, please explain:
- b. Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at present comply? ☐ Yes ☐ No
If yes, please explain:
- c. Has there been any past, present or planned remediation, monitoring, or sampling to investigate potential contamination on, at, under or migrating from any location listed herein? ☐ Yes ☐ No
If yes, please provide explanation and attach copies of specific documents.
- d. Have any prior environmental studies, reports, audits or investigations been prepared for any location listed herein? ☐ Yes ☐ No
If yes, attach copies and explain why they were done:

3. FUTURE SITE PLANS AND INVESTIGATIONS:

- a. Does the Applicant have any plans to sell or sublease any part of the location and/or sell any of the business operations performed at any location listed herein? ☐ Yes ☐ No

If yes, please explain:

- b. Does the Applicant have any plans or are they aware of any plans by a future perspective owner or tenant for development, improvement, betterment, demolition or plans for changes in use or business operations at any location listed herein? ☐ Yes ☐ No
If yes, please explain:

- c. Does the Applicant have any plans or are they aware of any plans by a future perspective buyer or tenant to initiate or complete any studies, investigations, testing and/or monitoring for environmental conditions at any location listed herein? ☐ Yes ☐ No
If yes, please explain:

SECTION IV – DETAILED PROPERTY AND PROCEDURES INFORMATION

Please attach copies of any environmental reports, audits or studies that have been conducted for each location listed herein. If these reports, audits or studies are of recent vintage and they can be used to answer the questions listed below, this Section IV. does not have to be completed by the Applicant.

When answering a specific question, please provide information for each location herein and attach a Site Plan.

1. PROPERTY DESCRIPTION:

- a. Size (total Hectares):
- b. Square footage under roof:
- c. List of any current structures or buildings (i.e., type of building, age, construction, etc.):
- d. Summary of current occupants and uses or business operations performed:
- e. How long has each of these current business operations been on-going?
- f. How long has each location been controlled by the Applicant?
- g. Describe any changes in the type, use or the presence of any structures or buildings at each location in the past, by either the Applicant or others?

- h. What types of uses or business operations have been performed in the past, if different than those described above, by either the Applicant or others?
- i. How long have those other uses or operations been performed?

2. PROPERTY SETTING:

- a. Provide a description of adjacent land use:

North:

South:

East:

West:

- b. Are there any nearby surface water bodies (i.e., streams, lakes, wetlands, etc.)? ☐ Yes ☐ No
If yes, please explain:
- c. Are there any protected environments in the area (i.e., parks, wildlife reserves, etc.)? ☐ Yes ☐ No
If yes, please explain:
- d. Are there any surface or groundwater uses in the area (i.e., drinking wells, etc.)? ☐ Yes ☐ No
If yes, please explain:
- e. Is public water and sewer used on this location? ☐ Yes ☐ No
If no, identify what is used in its place:
- f. Has a private well or septic system ever been used on this location? ☐ Yes ☐ No
If yes, please explain:
- g. Is this location within a 100-year flood plain? ☐ Yes ☐ No
If yes, have you obtained flood insurance coverage? ☐ Yes ☐ No
- h. Is this location in an Earthquake Zone 1, 2, or 3 as defined by the International Organization of Standardization (ISO) or an otherwise seismically active area? ☐ Yes ☐ No
If yes, have you obtained earthquake coverage for this location on your property insurance? ☐ Yes ☐ No

- i. If this location in an Earthquake Zone 1, 2, or 3 as defined by ISO or an otherwise seismically active area, please describe any special precautions or emergency response procedures used to protect site equipment, tank age, containment, chemical/waste storage areas, etc.

3. ON-SITE MATERIALS:

- a. Do you use any raw or process materials (i.e., plating agents, degreasers, cleaning solvents, etc.)? ☐ Yes ☐ No
If yes, please complete the table below (if additional space is needed, please attach):

QUANTITY OF MATERIAL			METHOD OF STORAGE	
Description	Per Year	Any One Time	Type (i.e., drum, etc.)	Secondary Containment

- b. Distance of raw materials/products/waste storage/processing/disposal areas to legal boundary of this location:
☐ At location boundary ☐ ≤ 50 feet from legal boundary ☐ > 50 feet from legal boundary
- c. Do all storage practices for raw materials or products meet all applicable local, state and/or federal requirements? ☐ Yes ☐ No
If no, please explain:
- d. Describe the condition of past and current housekeeping at this location including handling and storage areas for raw materials and products.
☐ Satisfactory ☐ Needs Improvement ☐ Unsatisfactory
- e. Have you ever been cited for housekeeping issues or improper handling and/or storage of raw materials, products or wastes? ☐ Yes ☐ No
If yes, please explain:
- f. Are there any materials or products which you have ceased to handle within the past five (5) years? ☐ Yes ☐ No
If yes, please identify:

4. TANK STORAGE:

- a. Does this location have any Aboveground Storage Tanks (ASTs) or Underground Storage Tanks (USTs)? ☐ Yes ☐ No
If yes, please complete the table below. If no, please skip to Question #5 below.
If additional space is needed, please attach.

AST or UST	Capacity (Litres)	Contents	Age (years)	Construction Material	Base Material	Secondary Containment Type / Volume		Tightness Test Anniversary Date
Example: AST	5,000	Gasoline	7	Steel	Clay	Concrete	110%	7/4/2003

b. Explain any tank inventory control and/or testing methods used (attach copies of the latest tank test results):

c. Are all USTs in compliance with applicable standards for leak detection, overflow protection, and corrosion protection? ☐ Yes ☐ No
If no, indicate which USTs are not in compliance and why:

d. Distance of the any tanks to the legal boundary of this location:

☐ At location boundary ☐ ≤ 50 feet from legal boundary ☐ > 50 feet from legal boundary

e. Are you aware of any tanks previously existing at this location which have been removed or closed in place? ☐ Yes ☐ No
If yes, were they closed in accordance with applicable Provincial and/or Federal regulations? ☐ Yes ☐ No

5. FACILITY WASTE GENERATION, AIR EMISSIONS, AND WASTEWATER DISCHARGES:

a. Does this location generate, handle, store or dispose of any hazardous waste or materials? ☐ Yes ☐ No
If yes, please complete the table below.

Description of Waste	Amount Per Year (Litres)	At Any Time (Litres)	Method of Storage and Container / Type of Secondary Containment		Disposal Method or Site
Example: Waste Solvent	500	100	55-gallon drum	Segregated area with 110% volume.	Off-site. ABC Waste Company.

b. Is this location a permitted Transfer, Storage or Disposal Facility (TSDF)? ☐ Yes ☐ No

c. Description of any other waste treatment and/or storage and/or handling process/procedures performed at this location:

d. Identify any past storage or disposal practices at this location:

- ☐ Lagoons ☐ Landfill ☐ Land Farming
☐ Pits ☐ Ponds ☐ Other: _____

e. Identify any effluent discharge points for wastewater and stormwater at this location (attach copies of recent discharge monitoring results) and complete the table below:

Discharge ID	Location	Discharge Point
Example: 001	Along river.	Raging river.

f. Identify types of air emissions at this location (i.e., toxic gases, vapors, odors, dust, etc.) in the table below, if any (if additional space is needed, please attach):

Air Emissions	Volume (units) per Year	Collection/Treatment

g. Do you have any groundwater monitoring activities currently performed at this location? ☐ Yes ☐ No
If yes, please attach copies of monitoring results for the past year and a map showing well locations.

h. Do you have Quality Control/Assurance Procedures for inspecting incoming materials and/or waste? ☐ Yes ☐ No
If yes, please attach copies of these procedures.

6. FIRE DETECTION/SUPPRESSION SYSTEMS AND PROCEDURES:

a. Provide details of the fire detection/suppression systems:

b. Are the employees trained in fire/spill response and use of personal protective equipment? ☐ Yes ☐ No

c. Responding fire company is?

☐ Paid ☐ Volunteer

d. Does the responding fire company make regular planned visits to this location and are they familiar with site emergency response procedures? ☐ Yes ☐ No
If yes, please indicate frequency and date of last visit:

e. Has the fire company performed "mock" drills at this location? ☐ Yes ☐ No
If yes, please indicate frequency and date of last mock drill:

f. Is there a plan with the fire department to control run-off of, and contain, fire suppression water? ☐ Yes ☐ No
If yes, please explain plan:

g. What is the distance to the nearest fire hydrant, if this location does not have a sprinkler system?
_____ feet; or ☐ this location has a sprinkler system.

h. Has the fire company been made aware of hazardous and incompatible materials used on-site? ☐ Yes ☐ No

7. VISITOR CONTROLS/SAFETY:

a. Is a procedure in place for controlling visitors while on-site and ensuring their supervision? ☐ Yes ☐ No
If yes, please explain:

b. Are visitors informed or trained on exposures, safety, evacuation routes and off-limit areas? ☐ Yes ☐ No

8. SITE SECURITY:

a. Provide a detailed description of site security controls (e.g., ID checks, access controls, guards, perimeter fencing, security cameras, etc.)

b. Are employee background checks performed on new employees? ☐ Yes ☐ No

c. Are employee background checks performed on existing employees? ☐ Yes ☐ No

d. Describe security controls and supervision of loading and unloading activities at the following areas:

Trucks:

Railcar:

Ship/Barge:

Aircraft:

Pipelines:

e. Has this location developed a facility terrorism prevention and response plan? ☐ Yes ☐ No
If yes, please explain and attach a copy:

- f. Do you have a cyber security program in place for your operations/facilities? ☐ Yes ☐ No
If yes, please attach a copy.
- g. Has a vulnerability assessment been performed on your operations/facilities? ☐ Yes ☐ No
If yes, please attach a copy.
- h. Identify who is in charge of your cyber security program.

9. CATASTROPHIC RELEASE/RISK MITIGATION PLANS:

- a. Has this location developed a program to prevent catastrophic release (e.g., risk management plan, process safety management plan, etc.)? ☐ Yes ☐ No
If yes, please attach a copy.
- b. Has this location developed any the following plans?
- | | |
|--|--|
| Preparedness, Prevention and Contingency (PPC) Plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spill Prevention Control and Countermeasure (SPCC) Plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spill Prevention Response (SPR) Plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Corporate Safety and Health (S&H) Plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- c. Does this location have other emergency response plans or procedures in place? ☐ Yes ☐ No
If yes, please explain:
- d. Are the employees trained on these emergency response plans? ☐ Yes ☐ No

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

After reasonable inquiry, I warrant that the information and statements contained in this application for insurance are true and correct, and that no material facts have been withheld or misstated. I understand that this application, and all other materials and information submitted to the Company in connection with this application for insurance, are incorporated and made a part hereof. I also understand that the Company will rely upon the application, materials and information submitted in the underwriting process in the formation of any subsequent contract of insurance entered into.

I understand that the completion of this application does not bind coverage. Acceptance of a quotation from the Company is required prior to binding coverage with the Company.

Applicant's Signature: _____ Title: _____

Print Applicant's Name: _____ Date: _____

Agent/Broker Name: _____