



POLLUTION LEGAL LIABILITY COVERAGE APPLICATION

App No _____ of _____

Date of Application _____ Name of Dealership _____
 Proposed Effective Date _____ DBA _____
 Business is _____
 Dealer Group _____ Year Established _____
 Street Address _____ City _____ County _____
 Post Office Box _____ City _____ State _____ Zip Code _____

GENERAL INFORMATION

Majority Owner's Name _____ Phone # _____ Majority Owners DOB _____
 Tax ID No. _____ Majority Owner Active Yes No
 Years of Experience Managing Dealerships _____

List all Owners of Dealership ***Use Separate Sheet if Necessary**

Name	% Ownership	Active Y/N
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

List all other Dealerships under same Majority Ownership for which application is not attached.

Dealership Name	% Ownership	City	State

* If application is not attached please explain: _____

Are there any Foreign Operations: Yes No If Yes, explain: _____

List and describe all other Subsidiary Operations and Companies ***Use Separate Sheet if Necessary**

Details _____

Dealership Contact Information

General Manager _____
 Phone # _____ Fax _____ E-Mail _____
 Accounting Contact _____
 Phone # _____ Fax _____ E-Mail _____
 Name of Person to receive Correspondence from the Company _____
 Mailing Address _____ City _____ State _____ Zip _____
 Phone # _____ Fax _____ E-Mail _____

PRODUCER INFORMATION

Producer Code _____ Producer _____
 Agency Name _____ Phone # _____ Fax _____
 Street Address _____ City _____ County _____
 Email _____ State _____ Zip code _____
 Post Office Box _____ City _____ State _____ Zip code _____

PRIOR INSURANCE CARRIER

	CURRENT TERM	1 ST PRIOR TERM	2 ND PRIOR TERM	3 RD PRIOR TERM
Carrier				
Policy Number				
Estimated Annual Premium				

*This is an application for a **CLAIMS-MADE** policy. The policy provides that the limit of liability available to pay settlements or cleanup costs shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible amount.

Gross Sales of All Operations: \$ _____

Annual Gross receipts from Service, Paint and Body: \$ _____

Have there been any environmental remediation activities conducted at any site? Yes No
 If yes, please attach a description of remedial action conducted.

Is the applicant aware of any past or present on-site disposal activities at any insured location? Yes No
 If yes, please attach a description and details of current regulatory status.

Have you ever had any reportable releases or spills or hazardous substances, hazardous waste or any other pollutants, as defined by applicable environmental status or regulations? Yes No
 If yes, please attach details.

Have you ever been prosecuted, or are you currently being prosecuted, for contravention of any standard or law relating to the release or threatened release from the location, or a regulated substance, hazardous waste or pollutant? Yes No

If Yes, please attach details.

List all claims made against you during the past five years for cleanup or response action, "toxic tort" or other bodily injury, or property damage, resulting from the release of hazardous substances, hazardous waste, or other pollutants, from this location or other locations owned or operated by you, into the environment. Provide a brief description of the claims(s) and its disposition.

If none indicate so here: _____.

At the time of the signing of this application, do you know of any facts or circumstances which may be reasonably be expected to result in a claim or claims being asserted against your company for environmental cleanup or response, or for bodily injury or property damage arising from the release of pollutants into the environment? Yes No

If Yes, please attach details.

Do you utilize properly licensed and permitted firms to transport, package, store, dispose, and manage the wastes generated by your facility? Yes No

If No, please provide details on actual practices utilized.

Have you ever applied for and been denied Environmental Impairment Liability Coverage? Yes No

Do you currently have Environmental Impairment Liability Coverage? Yes No

If yes, list information below, the name of carrier, expiring premium, expiring deductible and limits of liability:

How many employees work at this location who do repair work at least part of the Day? _____

Limits Desired:

Coverages A-C: 1,000,000/\$1,000,000	\$1,000,000/\$2,000,000	\$2,000,000/\$2,000,000
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Coverages D-F: 1,000,000/\$1,000,000	\$1,000,000/\$2,000,000	\$2,000,000/\$2,000,000
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Other please specify: _____

Deductible Desired: \$2,500 Other _____

LOCATION SCHEDULE (Copy and attach additional sheets if necessary):

Facility Name: _____

Facility Use: **Sales** **Service** **Paint-Shop** **Parts** **Get Ready** **Other**

Facility Address: _____

Do you **Own** **Operate** **Lease** facility?

If not owned, name the owner. _____

How long has applicant been at this site? _____

Prior uses of the site. _____

Are car wash operations present at the site? Yes No

If Yes, do you use filtration devices for separating waste? Yes No

How is waste from car wash disposed of. _____

Are Storage Tanks present at this site? Yes No

Have Storage Tanks been removed from site? Yes No

Is coverage requested for Storage Tanks? Yes No

Does this site have any hydraulic lifts? Yes No

List the types of operations conducted at all adjacent properties.

North:	East:
South:	West:

Tank #	UST/AST	Install Date Year	Capacity (Gallons)	Contents	Tank Const. Material	Overfill/Spill Protection	Tank Leak Detection	AST Diking & Base Const.	Piping Const. Mat.	Piping Leak Det.

***Complete schedule with symbols below for all tanks on facility both underground (UST) and aboveground (AST)**

Tank Construction	Tank Leak Detection	Piping Construction
S. Bare Steel	MW. Monitoring Wells	S. Steel
F. Fiberglass/Synthetic	I. Interstitial Monitoring	F. Fiberglass/Synthetic
FRP. Fiberglass Composite	V. Visual Inspections of AST Systems	DW. Double Walled
C/P. Cathodic Protection	MTG. Manual Tank Gauging-UST	EX. External Protective
DW. Double Walled (DW)	SIR. Statistical Inventory Reconciliation (SIR) (USTs)	C/P. Cathodic Protection
STI. STIP-3	ATG. Automatic Tank Gauging System (USTs)	
S/L. Steel with Internal Lining	TT. Annual Tightness Test with Inventory (USTs)	

Overfill/Spill Protection	AST Diking & Base	Piping Leak Detection
A. Ball Check Valve	C. Concrete, Synthetic Material, Clays	IM. Interstitial Monitoring-Filter
B. Spill Containment Bucket	D. Dirt/Earth	EM. External Monitoring
C. Flow Shut-off		MLD. Mechanical Line Leak Detector
D. Tight Fill		ELD. Electronic Line Leak Detector
E. Level Gauges, High Level Alarms		SP. Suction Pump Check Valve

Contents

G. Gasoline H. Hazardous Substance (CERCLA) WO. Waste Oil/ Used Oil K. Kerosene O. Other, Identify

