

EIL OPERATIONAL POLLUTION COVER – PROPOSAL FORM



Company:

Key Contact:

Website Address:

Postal Address:

Postcode:

Email Address:

Description of Business:

Company is:

- PLC
- Partnership
- Joint Venture
- LLC/LLP
- Other:

Insured Entities

Please list subsidiary, predecessor, acquired, parent, affiliated or merged entities for which coverage is requested.

Name of Entity	Date of Formation or Transaction	Percentage of Annual Gross Revenues Assigned to the Insured
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Covered Locations

Please attach a list of all locations for which coverage is required in the following format

Company Name	Full Address	Current Land Use	Prior Land Use	Date Site Acquired	Size of Site (acres or ft ²)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Bulk Hazardous Materials, Chemicals or Fuel

Please list below any bulk hazardous materials, chemicals or fuels stored in quantities above 1,000 litres or equivalent.

Substance	Method of Storage	Details of any Spill Containment (e.g. stored in a bunded area, in sealed room, located on hardstanding)	Volume

Environmental Management

Please provide details of any Environmental Management Procedures (please attach a copy of any documented procedures):

Gross Revenues

Total Gross Revenue for your last full year of account £ _____

Estimated Gross Revenues for current year of account £ _____

Business Interruption

Is Business Interruption coverage required? Yes No

If so, please attach calculations of estimated annual gross profit per Covered Location

Inception Date

Please state desired date for policy inception ____ / ____ / ____

Limits of Liability and Self-Insured Retentions

Please indicate requested limits and retention levels

Limits of Liability Per Loss £ _____
 Aggregate £ _____ (any one year)

Self-Insured Retention Per Loss £ _____

Previous Insurance

Within the past five years has the proposer purchased this type of insurance coverage?

Yes No

If yes, please provide information regarding any such coverage and all available loss information.

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Claims

Within the past five years have any claims been made or legal actions (including any regulatory proceedings) been brought against the proposer or other party to the proposed insurance?

Yes No

Does the proposer or other party to the proposed insurance have knowledge of any pollution conditions at any of the proposed covered locations?

Yes No

At the time of signing this application, are you aware of any circumstances that may reasonably be expected to give rise to a claim against any insured?

Yes No

If yes to the three claims questions above please provide a brief description of the claim or circumstance (indicate the alleged incident, location, date, type of injury etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.

Cover

The cover provided under this policy is for operational (new) occurrences, such as spills and leaks which arise during the period of insurance. However, we are able to provide cover for historic (pre-existing) contamination upon request. For further information on this area of coverage please contact Matthew Criddle on 01803 864390 matthewcriddle@naturesave.co.uk

Declaration

I certify that the information give above is, to the best of my knowledge, accurate. I understand that Naturesave Policies Ltd is relying on such information on the issue of an insurance policy. I confirm my understanding that the fact that specific questions have been asked and answered in this Questionnaire does not remove our Company's obligation to inform Naturesave Policies Ltd of all other matters, which are material to the risk for which we are seeking insurance.

I have obtained the express consent to the disclosure and use of sensitive personal data from every data subject whose sensitive personal data is supplied in connection with this proposal for the purposed of (a) underwriting the risks and (b) performing any resulting insurance contract/

Authorised Signatory: _____
Signed: _____
Position: _____
Date: _____