

Liberty International Underwriters

Environmental

**Application for Pollution Legal Liability
Fixed Site Coverage**

Important Notices

This insurance is provided on a claims-made form. Please read the following notices carefully.

For Claims Made Insurance

This is a proposal for a 'Claims Made' policy of insurance. This means that the policy covers you for any claims made against you and notified to the insurer during the policy period. The policy does not provide cover in relation to:

- pollution conditions that occurred prior to the retroactive date (if one is specified) in the policy;
- any claim made, threatened or intimated against you prior to the commencement of the policy period;
- any claim or fact that might give rise to a claim, reported or which can be reported to an insurer under any insurance policy entered into before the commencement of the policy period;
- any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal;
- any claim arising out of any fact you are aware of before the commencement of the policy period;
- any claim made against you after the expiry of the policy period.

However, the effect of Section 40(3) of the *Insurance Contracts Act 1984 (Cth)* is that where you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the policy period, of any facts which might give rise to a claim against you, any claim which does arise out of such facts shall be deemed to have been made during the policy period, notwithstanding that the claim was made against you after the expiry of the policy period.

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 (Cth), to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Privacy Policy

We are bound by the Privacy Act 1988 (Cth) or as amended and its associated National Privacy Principles when we collect and handle your personal information. We collect personal information in order to provide our services and products. We also pass it to third parties involved in this process such as our reinsurers, agents, loss adjusters and other service providers. If you do not provide the information we need we may not be able to offer you insurance or deal with claim(s) under your insurance.



You can seek access to and if necessary, correct your personal information by contacting our Privacy Officer.

When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purposes we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, you must tell us before you provide the relevant information.

Our Privacy Officer may be contacted during business hours on

Telephone: 02 8298 5800

Fax: 02 8298 5888

Mail: Locked Bag 18, Royal Exchange, NSW, 1225



Applicant Instructions

1. Please answer all questions, leave no blank spaces.
2. For multiple locations, complete property schedule (Attachment 1), listing the location and description of operations. Answer all questions pertaining to each location and use additional sheets if necessary.
3. If questions do not apply, answer N/A.
4. Please forward:
 - Environmental Reports for each location requiring coverage (if available).
 - Information on any previous environmental coverage and environmental loss experience.

Select Coverage Desired

Coverage	Incident Limit	Aggregate Limit	Deductible
A. Clean-up Costs Resulting From Pollution Conditions			
B. Bodily Injury and Property Damage Resulting From Pollution Conditions			
C. Bodily Injury, Property Damage and Clean-up Costs Resulting From Transported Cargo			

1. Named Insured & Address:

2. List of Subsidiaries:

3. Contact Name & Title:

4. Telephone Number: _____ Fax Number: _____
 Email Address: _____ Website: _____

5. Proposed Effective & Expiration Date:

6. Proposed Policy Term:

One Year
 Two Years
 Other (Please state number of years) _____



7. Operations of Insured:

8. Has the company during the last 5 years been prosecuted, or are you currently being prosecuted, or anticipate being named, inquired or prosecuted for contravention of any standard or law relating to the release or threatened release of an oil, hazardous substances, hazardous waste or any other pollutant? If yes, please provide a brief summary:

Yes No

9. List all claims made against the company during the last five (5) years for clean-up or response action, "Toxic Tort" or property damage, resulting from the release of oil, hazardous substances, hazardous waste or other pollutants into the environment:

10. Has any environmental investigation or survey been completed at any of your sites in the past several years? If yes, please provide a brief summary.

Yes No

11. Is there any known soil and/or ground water contamination at any of your sites? If yes, please provide a brief summary:

Yes No

12. Did the company conduct any environmental audits in the last three (3) years? If yes, please provide a brief summary of findings and corrective actions:

Yes No



16. Regulatory Compliance History last 5 years

- Spills Yes No
- Environmental Fines and Penalties: Yes No
- Notice of Violations (NOVs): Yes No
- Pollution Abatement Notices, Clean-Up Notices, Consent Orders: Yes No
- Public complaints or law suits: Yes No

If yes to any of the above, please provide a brief summary and status with regulatory agency.

17. Environmental Management Systems

- Environmental Manager onsite: Yes No
- Environmental Training Program: Yes No
- Hazard Communication Program: Yes No
- Emergency Response Plan: Yes No
- Environmental Audit Program: Yes No
- ISO 14000 Certified: Yes No

Provide a brief description of corporate environmental policy and program:

18. At the time of signing of this application, does the company know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental clean-up or response, or for bodily injury or property damage arising from the release of pollutants into the environment?

- Yes No

If yes, please describe in detail:

19. If selecting Coverage Option "C", please answer the following:

- a. Number of Licensed Motor Vehicles: _____
- b. Please attach your motor vehicle list: _____
- c. Are hazardous materials transported? Yes No

Please provide details of any hazardous materials being transported:



d. Please provide a description of all cargo being transported:

e. Percentage of transportation subcontracted: _____

f. Do you perform vehicle maintenance on site or by a third party? Please describe:

On-Site Off-Site

g. Distance travelled:

1. Owned/Leased: _____

2. Third Party: _____

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. ANY PERSON WHO KNOWINGLY INCLUDED ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

IF COVERAGE IS BOUND, THE APPLICATION IS ATTACHED TO THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

APPLICANT: _____ DATE: _____
(signature of owner or officer)

APPLICANT: _____ DATE: _____
(print name & title)

BROKER: _____ DATE: _____
(print name of firm)

Address of Brokerage Firm: _____

Contact person & telephone number: _____



Attachment 1: Property Schedule

Location Name & Address: _____

Contact Name and Telephone: _____

Description of Operations: _____

Number of years at this location
and previous land use: _____

Owned/Leased?: _____

Surrounding Land Use?: _____