



## XL INSURANCE COMPANY LIMITED

XL Insurance Company Limited  
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### FACILITIES POLLUTION RENEWAL APPLICATION

(For XL Insurance Renewals only)

1. Expiring Policy Number: \_\_\_\_\_
2. Named Insured: \_\_\_\_\_  
Address: \_\_\_\_\_  
Province, Postal Code: \_\_\_\_\_
3. Estimated Revenue for Next year: \$ \_\_\_\_\_
4. Any changes in operations to Covered Location(s) on expiring policy:  Yes  No  
If yes, please explain:
5. Any significant changes to operations conducted at the Covered Location(s):  Yes  No  
If yes, please explain:
6. Any plans to change the operations in the future at the Covered Location(s):  Yes  No  
If yes, please explain:
7. Any plans to sell or expand the Facility(ies) within the next three (3) years:  Yes  No  
If yes, please explain:

8. Any known incidents/events not reported to the Company that may reasonably be expected to give rise to a claim under the policy?  
If yes, please explain:  Yes  No
9. Any Notices of Violations, fines, penalties, complaints of other enforcement actions regarding compliance with environmental laws at the Covered Location(s) during the past year?  
If yes, please explain:  Yes  No

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

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_