



## **XL INSURANCE COMPANY LIMITED**

XL Insurance Company Limited  
100 Yonge Street  
Suite 1802  
Toronto, Ontario M5C 2W1

Tel: 800-327-1414  
610-458-0570  
Fax: 610-458-8667

[www.xlenvironmental.com](http://www.xlenvironmental.com)

### **FACILITIES POLLUTION PORTFOLIO APPLICATION**

#### **APPLICANT INSTRUCTIONS:**

1. Answer all questions; leave no blank spaces.
2. If any questions do not apply, or the answer is “no”, please indicate.
3. Please attach the following information, if available:
  - Past five (5) years loss runs history.
  - Past two (2) years audited financial statements.
  - Environmental site assessments.
4. If Business Interruption coverage is desired, please attach a business interruption/income worksheet for each location.
5. For Chemical Facilities, please attach the Chemical Facilities Pollution Supplemental Application.
6. For Landfills, please attach the Landfill Pollution Supplemental Application.
7. For Mold Coverage, please attach the Mold Supplemental Application.
8. For Remediation Stop Loss/Commercial Property Redevelopment, please attach the RSL/CPR Pollution Supplemental Application.



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### FACILITIES POLLUTION PORTFOLIO APPLICATION

This Application Is For A "Claims-Made and Reported" Policy

PLEASE READ IT CAREFULLY AND FILL IT OUT COMPLETELY

1. **APPLICANT NAME:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Web Site: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

2. **FIRM IS:**  Partnership  Corporation  REIT  Business Trust  
 Public or  Private  Other

3. **REVENUES:** Estimated (Ensuing Year): 20\_\_\_\_ \$\_\_\_\_\_ Previous Year: 20\_\_\_\_ \$\_\_\_\_\_  
Attach the company's most recent annual report, marketing brochure, and past two years audited financials.

4. **ENVIRONMENTAL RISK MANAGEMENT:**

a. Is environmental due diligence information available for all locations on the property schedule?  Yes  No  
**If no**, please provide the number of locations without environmental due diligence information:

b. Do you conduct environmental due diligence prior to each property acquisition?  Yes  No  
**If yes**, please check the types of environmental due diligence commonly conducted:

Seller Warranty Statement  Seller Environmental Indemnity  
 Phase I Assessment  Phase II Assessment  
 Other

c. Do you have criteria for requiring a Phase II Assessment?  Yes  No  
If Yes, please describe:

d. Do you have in-house environmental risk management staff?  Yes  No

5. **PORTFOLIO DESCRIPTION:**

**Attach** a property schedule that lists property name, street address, city, state, type of use, square footage of buildings, acreage, and property age. If underground storage tanks are present, attach a schedule of tanks showing locations, capacity, contents, age and date of latest integrity testing and results.

**6. 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, 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-site or emanating from the site(s), or any circumstances which may reasonably be expected to give rise to a claim or generate a request for coverage under this policy?  Yes  No  
If Yes, please explain:

**7. CURRENT POLLUTION COVERAGE PROVIDED UNDER OTHER POLICIES**

Whether full pollution coverage or sudden/accidental named peril coverage, please provide a copy of the policy and/or endorsements.

<u>Current Carrier</u>	<u>Term</u>	<u>Limits or Sublimits</u>	<u>Self-Insured Retention</u>	<u>Premium</u>

- a. Has any insurance company denied, canceled or nonrenewed pollution liability coverage?  Yes  No  
If Yes, give details:

**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: \_\_\_\_\_