Pollution Legal Liability Application Form

THIS IS AN APPLICATION FOR A **CLAIMS-MADE** POLICY

IMPORTANT NOTICE: Statement Pursuant to Schedule 9 if the Financial Services Act 2013: You are to disclose in this proposal form, fully & faithfully, all the facts which you know or ought to know, which are relevant to our decision in accepting the risk and terms to be applied, otherwise the policy issued hereunder may be void or we could refuse your claim. Please note that this duty of disclosure shall continue until the time the policy is issued, varied or renewed.

INSTRUCTIONS

The applicant is responsible for obtaining and reviewing whatever records are available, whether in their possession or in the public domain, which are necessary to answer any of the questions in this application. If necessary, use additional sheets to provide the requested information.

Applicant: _____

Mailing Address of Applicant:_____

City, State, Postal code:

_____

Telephone:_____Fax:_____Website address: _____

Proposed Insured Property Address:

_____

City, State, Postal Code:

_____

(if multiple, please submit a schedule that include addresses for each property)

Subsidiaries or other related entities also requesting coverage:

_____

_____

Please provide audited financials and/or 10-Ks for the past two (2) fiscal years
☐ Enclosed ☐ Information to follow ☐ Do not exist

1.

Deductible: Each Loss	**Limit of Liability Each Loss**	**Limit of Liability Total all Losses**
☐ $10,000	☐ $1,000,000	☐ $1,000,000
☐ $25,000	☐ $2,000,000	☐ $2,000,000
☐ $50,000	☐ $3,000,000	☐ $5,000,000
☐ $100,000	☐ $5,000,000	☐ $10,000,000
☐ Other - Specify: _____	☐ Other - Specify _____	☐ Other - Specify: _____

2. If any Environmental Site Assessment(s) is/are available, please include. ☐ None Available ☐ Included

3. Indicate Policy Term Desired: ☐ 1 year ☐ 3 years

If multiple properties are being considered, submit separate applications for each property, or attach a schedule that, for each property, indicates the address and responses to Items 3. thru 9. below.

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4. Indicate Current Property Use, if more than one use (e.g. mixed use) click all that apply:

☐ Residential ☐ Office/Hotel ☐ Retail ☐ Warehouse/Light Industrial ☐ Industrial
☐ Other–Specify
_____

5. Is a change in use anticipated during the Policy Term indicated above? ☐ No ☐ Yes, other use is:

☐ Residential ☐ Office/Hotel ☐ Retail ☐ Warehouse/Light Industrial ☐ Industrial
☐ Other–Specify
_____

6. Indicate prior uses of property. Check all that apply.

☐ Residential ☐ Office/Hotel ☐ Retail ☐ Warehouse/Light Industrial ☐ Industrial
☐ Other–Specify
_____

7. Indicate any of the following operations currently conducted at the property address.

☐ Service Station ☐ Dry Cleaning ☐ Auto Service/Repair ☐ Manufacturing/Assembly
☐ Hazardous Waste Generation - Is waste storage area in compliance with regulations? ☐ Y ☐ N
☐ None of the above

8. Indicate any of the following uses at adjacent properties.

☐ Residential ☐ Office/Hotel ☐ Retail ☐ Warehouse/Light Industrial ☐ Industrial
☐ Other–Specify
_____

9. Are there or were there ever any underground storage tanks located on the property?

☐ No ☐ Yes, indicate size and contents:
_____

If "Yes" but are no longer in use, have the tanks been closed in accordance with applicable regulations?

☐ No ☐ Yes, attach evidence of proper closure (regulatory approval letter, etc.)

10. Are there any above ground storage tanks on the property?

☐ No ☐ Yes, indicate contents and quantity for each tank:
_____

12. Are you the occupant of the property being submitted? ☐ No ☐ Yes

If "No", do you (a) have lease restrictions on the use of hazardous substances? ☐ No ☐ Yes
(b) require environmental indemnities from the tenant(s)? ☐ No ☐ Yes

13. Do you have any contracting or other service operations that you carry out outside the boundaries of the proposed Insured Property that use hazardous substances? ☐ No ☐ Yes

If "Yes", please provide us with a description of each contracting or service operation below with corresponding revenues associated with such activities:

a) _____

b) _____

c) _____

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14. How many more properties do you anticipate acquiring during the proposed policy term for coverage under the policy?

_____

15. Do you have an environmental due diligence plan for future acquisition(s)? ☐ No ☐ Yes
(please attach along with your submission)

16. A. In the last five years, has the applicant had any reportable releases or spills of hazardous substances, hazardous wastes, or any other pollutants as defined by applicable environmental statues or regulations? ☐ No ☐ Yes, provide details._____
_____
_____
_____

B. In the last five years, has the applicant been prosecuted or is the applicant currently being prosecuted for contravention of any standard or law relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental statutes or regulations? ☐ No ☐Yes, provide details.
_____
_____
_____
_____

C. List all claims made against the applicant 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 pollutant, from this location or other locations owned or operated by the applicant, into the environment. Attach a brief description of the claim(s) and their disposition. ☐ None to report.

For the purpose of Question D. below, "YOU" means the manager or supervisor of the applicant responsible for environmental affairs, control or compliance, or any manager of the location(s) which is the subject of this application**,** or any officer, director or partner of the applicant.

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

☐No ☐ Yes If “Yes”, attach details to application.

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DECLARATION AND AUTHORISATION

I/We hereby declare and agree that:

a. All written information provided by me/us for this insurance or any formal questionnaire or other documents signed by me/us in conjunction with this application, and statements and answers so made to AIG Malaysia Insurance Berhad (795492-W) ("Company") are full, complete, true/correct and to the best of my/our knowledge and belief and that I/we have not withheld or omitted any information, and I/we understand and agree that the Company, believing them to be such, will rely and act on them, otherwise any policy and endorsements (if applicable) issued (including renewals) or coverage granted may be void at the Company's option.

b. I/We will notify the Company of any material change to my/our risk profile, failing which, the Company reserves the right to either continue cover, impose additional terms or discontinue cover. I/We understand that failure to notify the Company of any material change to my/our risk profile may affect my/our rights during a claim.

c. Any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided to the Company and may be held, used and disclosed by the Company to individuals, service providers and organizations associated with the Company or any other selected third parties (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations) for the purpose of storing and processing this application and providing subsequent service(s) for this purpose, the Company's financial products and services and data matching, surveys, and to communicate with me/us for such purposes. I//We understand that I/We have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us. Such request can be made by writing to the Company at Level 18, Menara Worldwide, 198, Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia, or phone:1 800 88 8811; fax:03-2118 0288; e-mail: *AIGCare@aig.com*

d. By submitting your personal information, you are indicating your consent to allow the Company to keep you posted on the Company's latest products, services and upcoming events. If you do not wish to be contacted by the Company, you can opt out anytime by notifying the Company at any of the channels above.

e. I hereby confirm that the Proposer/Insured* has expressly authorized me to act on his/their behalf in respect of the information and/or changes relating to the renewal/endorsement of this insurance policy. I agree to undertake any loss, cost or damages incurred by the said Proposer/Insured* and/or Company in relation to this representation. I declare that I have sighted the original NRIC/Certificate of Incorporation of the Proposer/Insured* and have done the necessary Anti Money Laundering check(s) which I have been trained to do and verify that the transaction is not prohibited by virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001.

f. For all intents and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions of any part of this application, it is hereby agreed that the English version of this application shall prevail.

Signature(s) of applicant _____ Place and date _____

Title of Applicant _____

_____ _____ _____

Signed by Agent
Agent Name:

Date

Agent Code

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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 Company's quotation and Company's written agreement to be bound are required to bind coverage and to issue a policy. It is agreed that this form shall be the basis of the contract should a policy be issued, and will be attached to the policy and made a part thereof.

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.

If an order to bind coverage is received, the application will be attached to the policy so it is necessary that all questions be answered in detail.

The applicant understands and recognizes that this Policy is issued based upon the Company's reliance on the accuracy of the information disclosed and the truth of the statements made herein and in the disclosure process. The applicant further recognizes that any breach of the foregoing warranties could have a material adverse affect on the Company.

The applicant further declares, warrants and represents that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

I hereby certify to the truth of the foregoing and that I am authorized to execute the foregoing warranty and representation on behalf of the applicant.

_____	_____
APPLICANT	BROKERAGE FIRM
_____	_____
SIGNATURE OF OFFICER OR OWNER DATE	ADDRESS OF BROKERAGE FIRM
_____	_____
PRINT NAME AND TITLE	CONTACT PERSON AND TELEPHONE NUMBER
_____	_____
DATE	EMAIL ADDRESS

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SUPPLEMENTAL QUESTIONS

Please complete the questions below for each location to be insured under this Policy (use separate sheets if necessary):

1. *Site History: Description of past occupancies & land use.*
   _____
   _____
   _____
   _____

2. *Surrounding Environmental & Land Use: Describe the surrounding environment/land use and proximity to all industrial complexes, warehouses, parking lot, schools, residential properties, public buildings, farmland, vacant land, landfills, drum storage area, sensitive habitats, waterways, drinking wells, etc:*
   _____
   _____
   _____

3. *How long has your company occupied this site?* _____

4. *Describe the existing operational facilities*
   - Size of Property
   - Number of Buildings – size, type of construction, etc.
   - Sanitary waste water facilities (if applicable)
   - Manufacturing and production operations
   - Land surface (e.g., vegetation, asphalt, concrete)
   - Underground process piping, trenches, sumps, pits, dry wells
   - Support facilities (e.g, machine shops, maintenance shops, etc.)
   - Underground storage tanks? Yes ( ) No ( )

5. *Description of the container/drum storage areas:*
   - How many storage areas are there on-site?
   - What are the quantities stored on-site?
   - What type of secondary containment is provided for the container/drum storage areas? (i.e. earthen dikes, concrete dikes, liners, leak/spill detection sensors, etc.)

6. *Is there any existing soil or groundwater contamination on-site?* Yes ( ) No ( ) If "Yes", please provide available documentation

7. *Are there any ongoing/planned soil or groundwater remediation projects at the site?* Yes ( ) No ( ) If "Yes", please describe each project, indicating the availability design documents, government agencies involved, public participation, schedule for project completion, estimated costs.

8. *Are there any on-site groundwater monitoring wells?* Yes ( ) No ( )
   - Why were the monitoring wells installed?
   - If "Yes", how many wells are there on site?
   - How often are samples taken and analyzed?
   - Who conducts the sampling?
   - Any groundwater problems noted to date? Yes ( ) No ( )
   - Describe any known groundwater problems on-site:
   - Describe any known groundwater problems off-site:
   - What is the direction of the groundwater flow at the site?

9. *Describe the types of raw materials (solids and liquids) stored on-site:*
   - Describe the quantities of raw materials stored on-site:
   - Describe the method of raw material storage on-site:
   - Describe the environmental controls utilized to control the various types of raw materials stored on-site (i.e. tanks, dikes, physical barriers, dust control procedures, etc.):
   - How much of the raw materials are used annually?

10. *Is any waste currently disposed on-site?* Yes ( ) No ( ) N/A ( )
    If "Yes", please provide the following
    - Type
    - Materials or raw waste?
    - Number of years waste has been stored on-site
    - Does the site have a waste permit
    - Amount
    - Hazard class/regulatory status
    - Method of storage (landfill, surface impoundment, deep well injection, including depth, incineration, other.
    - Construction, age, and maintenance

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