

ENVIRONMENTAL LIABILITY FOR PROPERTY OWNERS

Application Form

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 QBE

1.	General Information											
	Named Insured: Address: Telephone: Email:	<div></div> <div></div> <div></div> <div></div>										
	Named Insured is a: Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other <input type="checkbox"/>											
	Please provide a detailed description of the Named Insured's operations <div></div>											
	List all other insureds requesting coverage under the policy and describe their relationship with the Named Insured <table border="1"> <thead> <tr> <th data-bbox="177 1272 815 1312">Other insured</th> <th data-bbox="815 1272 1492 1312">Relationship to named insured</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>		Other insured	Relationship to named insured								
Other insured	Relationship to named insured											
2.	Insurance Program											
	Limit of liability Please indicate limit of liability required: Each incident <div></div> Deductible/Retention Please state your preferred deductible (amount to be retained by the applicant in the event of a claim) and any desired deductible options to be quoted. <div></div>											

3.	Insured Premises			
List the premises for which cover is required				
Address (including postal code)		Current Land Use	Prior Land Use (if known)	Surrounding Land Use
<div></div>		<div></div>	<div></div>	<div></div>
<div></div>		<div></div>	<div></div>	<div></div>
<div></div>		<div></div>	<div></div>	<div></div>
<div></div>		<div></div>	<div></div>	<div></div>
<div></div>		<div></div>	<div></div>	<div></div>
Please include property schedule as attachment.				
Is historical cover required? <div> <div>(5yr) Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>(10yr) Yes <input type="checkbox"/> No <input type="checkbox"/></div> </div>				
Please specify the premises that cover is required for		<div></div>		
If so please list the previous land use		<div></div>		
Has an environmental survey ever taken place at the premises? If so, please attach a copy			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any watercourses bordering the property/properties?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any areas of wetlands, woodland, flood plain, open fields?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any of the land uses identified above specified as protected areas?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', please specify				
<div></div>				

4.	Associated Business Interruption	
	Is cover for Associated Business Interruption required?	Yes <input type="checkbox"/> No <input type="checkbox"/>

5.	Remediation	
	Are any remediation works currently ongoing or planned at any of these premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'Yes', please provide a description and attach any supporting documents.	
	Future site use (if land is to be redeveloped)	

6.	Storage Tanks							
	Are there any above ground storage tanks (ASTs) present at any of the premises?							Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'Yes', please provide details as follows							
	Tank	Volume	Content	Age	Bunded*	Vehicle impact protection		
	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	* Bunds must be impermeable and 110% of tank volume for a single tank or 25% of volume if multiple tanks are in a single bund.							
	Are there any underground storage tanks (USTs) present at the premises?							Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'Yes', please provide details as follows							
	Tank	Volume	Content	Age	Single / Double Skinned	Leak Detection*		
	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	* If leak detection equipment is utilized, please indicate type.							

7.	Claims/Circumstances	
	<p>NOTE: For the purposes of questions in this section “you” means the named insured entity and any Director, Officer or Partner thereof.</p>	
	<p>Have you in the last five (5) years had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please describe</p> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>	
	<p>Have you in the last five (5) years been prosecuted or threatened with prosecution or are you currently being prosecuted for any offense directly or indirectly arising out of a release from the premises detailed above of any substance into sewers, any surface water, air, or into land or groundwater? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please describe</p> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>	
	<p>List all the claims made against you during the last five (5) years for clean-up, bodily injury, property damage or nuisance, resulting from the release of hazardous substances, hazardous waste or other pollutants from the premises detailed above or any other locations owned or operated by you into the environment.</p> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>	
	<p>At the time of signing this proposal, are you aware of any facts or circumstances which may reasonably be expected to give rise to a claim or claims being asserted against you for clean-up, bodily injury, property damage or nuisance arising from a release of pollutants into the environment or for environmental damage? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please describe</p> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>	

8.	Declaration
<p>I/we declare that to the best of my/our knowledge and belief the answers given on this application form whether by me/us or on my/our behalf are complete and true and that I/we have not withheld any material information.</p>	
<p>Applicant's Signature</p>	
<p>Date:</p>	
<p>If signing on behalf of a company/organization, state position held</p>	
<p>The application form must be signed by a principal, director or partner of the proposed named insured.</p>	

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QBE European Operations

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