



Renewal Proposal Form Contractors Pollution Liability



Duty of Fair Presentation

Please complete this form in order to obtain a renewal indication of premium and terms. When doing so please bear in mind the Duty of Fair Presentation as defined in the Insurance Act 2015 applies to you as the Insured. A fair presentation of the risk is one which discloses every material circumstance that the Information Holders know or ought to know; or failing that which gives the Insurer sufficient information to put a prudent Insurer on notice that it needs to make further enquiries for the purpose of revealing those material circumstances.

Completion of this form does not bind coverage and further underwriting information may be required. The Insured's acceptance of the Insurer's quotation and Insurer's written agreement to be bound is required to bind coverage and to issue the policy.

Please complete all questions in this form and if more space is needed to answer any of the questions, please attach additional page(s). If multiple properties are being considered, please include answers for each location. By providing this proposal form the Insurer does not waive the requirement for other relevant information to be disclosed in addition to this completed form.

Details of the Insured

Name of Policyholder:

Registered Address:

City:

Postcode:

Current Policy Details

Policy Number:

Expiry Date:

Current Covered Operations

Renewal Exposure Details

Please describe any variation to the existing Covered Operations or risk profile that the Policyholder is aware of, if there is no variation, please state so.



Where are the operations performed?

- United Kingdom EU / EEA South America United States and Canada
- Africa Middle East Asia Australia

Does the prospective Insured have any exposure in countries or regions that are subject to limited or comprehensive sanctions (eg. incorporated, located or domiciled, conducting business activities, generating turnover, board members or majority owned by entities/individuals incorporated, domiciled or located, in such countries)?

- No Yes, If yes, please provide details

Annual turnover (please also complete Appendix A).

Last year	Estimated Current Year

Please provide copies of any updated method statements, environmental management systems or loss control systems prepared during the existing policy term, if no additional documentation has been prepared, please state none.

Previous Claims Experience

During the existing policy period, have there been any releases or spills of hazardous substances, hazardous waste or any other pollutants or caused environmental damage associated with the Covered Operations, as defined by applicable environmental statutes or regulations?

- No Yes, If yes, please provide details



During the existing policy period, have there been any prosecutions, or threats with prosecution or are there current investigations by regulatory authorities in contemplation of prosecution or have any penalties, notices or undertakings as defined by environmental laws, statutes or regulations been received?

No Yes, If yes, please provide details

During the existing policy period, have there been any claims for clean-up, bodily injury, property damage, or nuisance, resulting from the release of hazardous substances, hazardous waste, or other pollutants, or environmental damage associated with the Covered Operations?

No Yes, If yes, please provide details

At the time of the signing of this form, are there any known facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against an Insured for environmental clean-up or response, bodily injury, property damage, or nuisance arising from the release of pollutants into the environment or environmental damage?

No Yes, If yes, please provide details

At the time of signing this form, is there any material information, in addition to that disclosed in response to the questions above, which should be disclosed?

No Yes, If yes, please state here and/or attach documents and direct the Insurer to the relevant sections.



Completion details

It is declared that the statements and particulars in this proposal form are true and that no material facts have been mis-stated or suppressed. The Insured understands it is under a duty to make a fair presentation of the risk to the Insurer, and that all material circumstances that the Insured knows or ought to know have been disclosed to the Insurer or failing that sufficient information to put a prudent Insurer on notice that further enquiries are needed. The Insured understands that non-disclosure or misrepresentation of a material fact or matter may impact the terms of the Policy or impact whether the Policy responds in whole or in part to a claim.

Form was completed by (name):

Job title:

Organisation:

Date:

Signature of authorised representative of the prospective Policyholder:

Printed name undersigned if different from the name above:

Job title undersigned if different from the title above: