

Proposal Form EnviroPro / Pollution Legal Liability



Duty of Fair Presentation

Please complete this proposal form in order to obtain an 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 prospective 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 prospective 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 prospective Insured

Name of Policyholder:

Registered Address:

City:

Postcode:

Website:

Additional insured(s) requesting coverage:

The Policyholder is a Limited Company Plc Joint Venture
 Other (please detail)

Date of Incorporation:

Has the prospective Insured previously traded under a different entity/company?

No Yes, If yes, please state the previous name here.



Business

Business Description:

What percentage of the business is performed on third party sites (e.g. installation work)? %

If more 50%, please complete the Contractors Pollution Liability Proposal form. [▶](#)

Where are the operations performed?

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

Sanctions

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 / Rental income

Last year	Estimated Current Year



Property

Please state the total number of properties to be covered on the policy and complete the table.

For more than 5 properties, please complete the table in Appendix B. The table is also available to download here. 

Provide the addresses of the site location(s) to be covered.

Address	Occupied by Insured (I) or Tenant(s) (T)	Current Use (commercial, manufacturing, warehousing, any form of waste management, retail/office or residential)	Date of acquisition by the Insured / Start lease by the Insured	Surrounding land use
1				
2				
3				
4				
5				

Please answer these questions if cover for pre-existing contamination is required.

Describe specifically any locations which are inactive or closed landfills or surface impoundments and provide any additional, relevant maps/information. (Optional)

Prior use of the property (Only for pre-existing)

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____



Is a change in use or any capital improvement at any of the properties anticipated during the policy term?

No Yes, If yes, please provide details

Please list any underground or aboveground tanks in the table in Appendix A. For all other raw or process materials used/ stored in quantities larger than 1000L on the property(s) (include all fuel storage) please complete the table here.

Description of material	Quantity stored (volume)	Method of Storage and Secondary Containment

Is any waste stored on the site(s)? If so, please provide details on how waste is stored (e.g. internal, external, on hardstanding or covered etc.).

No Yes, If yes, please provide details

Is any remediation or clean-up currently ongoing or planned? If so, has the remediation plan been approved and accepted by a regulatory body?

No Yes, If yes, please provide details

Have there been any Environmental Surveys/Audits (e.g. Phase 1 or Phase 2 etc.) conducted at the location(s) within the past five (5) years? Please note that if pre-existing cover is required these reports have to be submitted.

No Yes, If yes, please provide details and include the reports in the submission.



Please provide details on the prospective Insured’s Environmental Management Practices (e.g. environmental management systems and loss prevention measures).

Is cover for transportation required under the policy? No Yes

Is there bulk transportation of hazardous material or wastes, third party exposure and/or vehicle fleets larger than 10 vehicles?

No Yes, If yes, please specify carried materials/products and fleet size.

Cover Requirements

If there is an insurance policy in place with Sudden & Accidental cover, is the proposed Policy to be Excess and Difference in Conditions of that cover?

No Yes, If yes, please attach a copy of the relevant policy.

Preferred options Limit of Liability:

Preferred options Deductible:

Preferred Inception date:

Preferred Policy term:

Please indicate if any specific coverages are required:



History

Has the prospective Insured had an Environmental Liability Insurance policy within the past five (5) years?

No Yes, If yes, please provide details and loss information.

Has any Insurer/Underwriter ever (with regards to Environmental Liability) declined, refused to renew, cancelled or imposed special conditions on your policy or your application at any time?

No Yes, If yes, please provide details

‘You’ in the next questions includes the corporation, entity or partnership of the prospective Policyholder and any principal, partner, trustee, officer, manager, supervisor or director thereof.

Have you during the past five (5) years had any releases or spills of hazardous substances, hazardous waste or any other pollutants or caused environmental damage, as defined by applicable environmental statutes or regulations?

No Yes, If yes, please provide details

List all claims made against you during the past five (5) years for clean-up or bodily injury, or property damage, or nuisance claims resulting from the release of hazardous substances, hazardous waste or other pollutants or environmental damage associated with the Insured’s Property(ies) and/or Business. Provide a brief description of the claim(s) and its disposition.

No Yes, If yes, please provide details

At the time of the signing of this form, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental clean-up or response, or for bodily injury, property damage or nuisance claims 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 prospective 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 prospective 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 prospective 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: