



VICTOR O.
SCHINNERER
& COMPANY, INC.

EZ Premises Pollution Liability Coverage

Instructions:

- Please type or print clearly.
- Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the space.
- Provide any supporting information on a separate sheet using your letterhead and reference the applicable question number.
- Check Yes or No answers.
- This form must be completed, dated and signed by a principal of your Company.

Required Attachments:

- Please provide copies of your past two (2) years of audited financial statements and annual reports.
- Please provide a property schedule identifying the proposed covered locations. This program only applies to entities that own or lease less than 10 locations.

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the endorsement thereto, which provides coverage on a CLAIMS-MADE BASIS for any claims made and reported to the Insurer, in writing, during the policy period, arising from pollution conditions resulting from covered locations.

1. Name of Applicant: _____

Principal Contact: _____ E-mail Address: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____

URL: http:// _____ Date Established: _____

2. Standard Industrial Classification (SIC) Code: _____
3. Business entity type: Corporation, Individual, Partnership, Joint Venture, Limited Corporation, S Corporation
4. Is the applicant a subsidiary of another entity? Yes / No. If Yes, please identify the entity: _____
5. Does the applicant have any subsidiaries? Yes / No. If Yes, please identify the subsidiaries: _____
6. Insured's estimated gross revenues for the current fiscal year: \$ _____
7. Desired effective date of coverage: _____
8. How many locations require insurance? _____ (Please note that this program only applies to entities with 10 or less locations).

9. Limits of Liability Per Loss / Aggregate Limit Selection:

\$1,000,000 / \$1,000,000	\$1,000,000 / \$2,000,000	\$2,000,000 / \$2,000,000	\$2,000,000 / \$4,000,000	\$5,000,000 / \$5,000,000

10. Self-insured Retention:

\$10,000 per Loss	\$25,000 per Loss	\$50,000 per Loss	\$100,000 per Loss

11. Do you require retroactive coverage? Yes / No. If yes, how long? _____ (Please note that this program only provides up to 5-years retro-active coverage.)
12. Optional Coverage Enhancements available within the EZ PPL II program:
 Contingent Transportation Coverage? Yes / No
 Non-Owned Disposal Coverage? Yes / No
 Fungi Coverage? Yes / No
13. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the applicant or other party to the proposed insurance? YES NO
14. Does the applicant or other party to the proposed insurance have knowledge of any pollution conditions at any of the proposed covered locations? YES NO
15. At the time of signing this application, are you aware of any circumstances that may reasonably be expected to give rise to a claim against any insured? YES NO

If "Yes" to either 13., 14., and/or 15. above, provide a brief description of the claim or circumstance (indicate the alleged incident, location, date, type of injury, etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.

***IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.**

BY SIGNING THIS APPLICATION, THE APPLICANT AGREES THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY FALSE OR DECEPTIVE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, MAY BE GUILTY OF INSURANCE FRAUD.

Signature of Authorized Applicant

Signature of Broker/Agent

Print Name

Print Name

Title

Date

Date

Signed by Licensed Resident Agent
(Where Required By Law)