

ENVIRONMENTAL RISK

# ANNUAL CONTRACTOR'S POLLUTION LIABILITY PROPOSAL FORM

**ALL questions must be answered completely, if any are not applicable please indicate. Please provide any relevant documentation and/or material relevant to the intended coverage alongside this proposal form. Please SIGN and DATE the form to ensure validation of the proposed insurance coverage.**

## 1. Company & Contact Details:

Proposer's company name: .....

Company/Key contact: .....

Email: ..... Tel: .....

Website: .....

Head office address: .....

City: ..... Country: .....

Postcode: .....

## 2. Company Overview:

When was the company established/Number of years the company has been in business? .....

Business description: .....

Is the company a member of any professional organisations or associations? Yes ☐ No ☐

Is the company owned or controlled by another company? Yes ☐ No ☐

Does the company own any subsidiaries? Yes ☐ No ☐

Please provide a list below or as an attachment. ....

**Does the company's activities intended for coverage under this insurance involve any of the OFAC sanctioned countries, namely Iran, Cuba, Syria, North Korea or North Sudan?** Yes ☐ No ☐



insured.™

### 3. Covered Operation(s):

Please provide a list of activities conducted on third-party sites including the associated turnover of these activities (if applicable):

Business operations	Turnover (£/\$/€)	Sub-contracted (%)

### Transportation

Is transportation coverage required?

Yes ☐ No ☐

If so, please describe details of materials transported and number of journeys undertaken per month:

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Tick 'Yes' if details are attached: Yes ☐ No ☐

### 4. Environmental Management:

Please provide details of any environmental management procedures (please attach copies of any documented procedures):

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Please provide method statements and risk assessments for covered operations (please attach copies of any documented statements or assessments), tick "Yes" if details are attached:

Yes ☐ No ☐

### 5. Sub-contractors:

Does your company have a standard contract to use with its sub-contractors?

Yes ☐ No ☐

Are some / all sub-contractors hired under the/a contract? Yes \_\_\_\_\_% No \_\_\_\_\_%

If yes, do they contain hold harmless or indemnification agreements in favour of your company? Yes ☐ No ☐

If applicable, what are your minimum insurance limits of liability for sub-contractors? (delete currencies as applicable)

General Liability: £/\$/€ \_\_\_\_\_

Professional Liability: £/\$/€ \_\_\_\_\_

Motor: £/\$/€ \_\_\_\_\_

Contractor's Pollution Liability: £/\$/€ \_\_\_\_\_

## 6. Projects:

Within the past five (5) years has any one project generated greater than 10% of the company's gross revenue? Yes ☐ No ☐

If "Yes", please provide details: .....

.....

Please provide details of your three largest projects during the previous accounting year:

1. ....

2. ....

3. ....

Tick 'Yes' if details are attached: Yes ☐ No ☐

## 7. Inception Date:

Please state desired date for policy inception: .....

## 8. Limits of Liability, Excess & Policy Period:

(Please indicate requested limits and retention levels)

Policy limit of liability: £/\$/€ .....

Limit of liability any one pollution condition or biodiversity damage: £/\$/€ .....

Excess per pollution condition: £/\$/€ .....

Policy period: .....

## 9. Previous / Other Insurance:

Within the past five (5) years has the proposer purchased environmental insurance coverage? Yes ☐ No ☐

If "Yes", please provide information regarding any such coverage and all available claims information.

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Retroactive date (if applicable): .....

## 10. Claims / Previous Incidents:

Within the past five (5) years have any claims, or third-party complaints, legal actions been made (including any regulatory proceedings) against the proposer or other party to the proposed insurance for pollution or biodiversity damage related incidents? Yes ☐ No ☐

Does the proposer or other party to the proposed insurance have knowledge of any pollution conditions or biodiversity damage associated with the business? Yes ☐ No ☐

At the time of signing this Proposal Form, are you aware of any circumstances that may reasonably be expected to give rise to a claim against the proposed insured? Yes ☐ No ☐

If "Yes" to any of the three Claims questions above, please provide a brief description of the claim or circumstance/s (indicate the alleged incident, location, date, type of event, etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar claim occurring in the future.

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Please tick if the proposer is providing additional information by attachment/s Yes ☐ No ☐

## Checklist:

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Have you included:

Details of environmental management procedures

☐

Details of any previous project experience

☐

If this type of insurance coverage has been purchased, please provide details of such coverage and any available loss information

☐

Please indicate what other attachments have been provided alongside this Proposal Form:

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## Declaration

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### This proposal form must be signed & dated before submission

I certify that the information given above is, to the best of my knowledge, accurate and complete. I understand that ACE Europe is relying on such information in the issue of an insurance policy. I confirm my understanding that the fact that specific questions have been asked and answered in this Proposal Form does not remove our Company's continuing obligation to inform ACE Europe of all other matters, which are material to the risk for which we are seeking insurance, prior to the inception date of the insurance policy.

I have obtained the express consent to the disclosure and use of sensitive personal data from every data subject whose sensitive personal data is supplied in connection with this proposal for the purposes of (a) underwriting the risks and (b) performing any resulting insurance contract.

Authorised signatory: .....

Signed: .....

Position / Job title: .....

Date: .....



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Additional information can be found at [www.acegroup.com/uk](http://www.acegroup.com/uk)

Ref: 181UK010214 Published January 2014