



POLLUTION LEGAL LIABILITY APPLICATION

Tel: (908) 947-0867
198 W High St., Somerville, NJ 08876

This application is for a Policy providing Claims-Made Coverages.

APPLICANT INSTRUCTIONS: (Submissions can be sent to info@axonu.com)

If any questions do not apply or the Insured is not interested in specific Coverage terms, please check the "N/A" box.

1. Please provide any supporting information on a separate sheet using the Insured's letterhead and reference the applicable question number.
2. This form must be completed, dated and signed by a principal of your company.

IF THE INFORMATION IN THIS APPLICATION OR IN ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE APPLICANT WILL NOTIFY THE UNDERWRITER, WHO MAY MODIFY OR WITHDRAW ANY QUOTATION OR AGREEMENT TO BIND THE INSURANCE.

SECTION 1 – GENERAL INFORMATION

1. Applicant (Full Legal): _____

Mailing Address of Applicant: _____

City, State, Zip Code: _____

Telephone: _____ Website: _____

Environmental Contact Name and Title: _____

Date Established: _____

2. Please provide audited financials and/or 10-Ks for the past (2) fiscal years.

3. Company Type: Corporation Partnership Individual Joint Venture LLC Other:

a. If Joint Venture, please describe: _____

4. List all current and prior entities, affiliated or subsidiary companies to be listed as Named Insured and their relationship to the First Named Insured:

5. Please describe the desired Policy Coverage:

Practice or Project Policy:		Each Incident Limit:		Incumbent Carrier:	
Desired Effective Date:		Aggregate Limit:		Current Premium:	
Desired Policy Term:		Deductible/SIR:		Retroactive Date (If applicable):	

SECTION 2 – OWNERS / OPERATORS SITE POLLUTION COVERAGE

1. Please submit a current Property Statement of Values **OR** complete the table below for properties seeking pollution coverage (attach table if additional space required):

Insured Property Schedule

Insured Property Address	Property Owner	Current Operations	Historical Operations	Year Operations Began	Property Size
1.					
2.					
3.					
4.					

2. Have any Environmental Site Assessment reports been conducted at the properties? *(Reports may include Phase I/II, Feasibility Studies, Environmental Inspection Audits, Regulatory Correspondence, etc.)* **If yes, please provide copy of reports.** YES NO
3. Are there any plans for future development, improvement, demolition, change in operations within the policy term? **If yes, provide details.** YES NO
4. Are there any plans to sell, divest, or sublease any properties within the Policy term? If yes, please provide details. YES NO
5. Are you aware of any Asbestos Containing Material or Lead-based paints at any properties seeking coverage? **If yes, please provide copy of your Asbestos O&M and/or Lead-based paint plan(s) currently in use.** YES NO

SECTION 3 – STORAGE TANKS COVERAGE

N/A

If not interested in coverage for Storage Tanks select N/A and skip to Section 4:

1. Do you own or operate any underground storage tanks (USTs) or aboveground storage tanks (ASTs)? YES NO
- a. Have any UST(s) ever failed tightness testing? YES NO
- b. Are any tanks not in compliance with appropriate regulations? YES NO
- c. Are you required to demonstrate financial assurance to a state or Federal agency? YES NO
- d. Are you aware of any UST(s) that have been removed from the Insured Property? YES NO
- e. Have all historical UST(s) received regulatory closure for clean-up? YES NO
- f. Have you during the past five years had any reportable releases or spills of regulated substances? YES NO
- g. Do any plans exist to remove or replace any tanks within the next year? YES NO

Storage Tank Detail Summary

Tank #	AST/UST	Install Date	Capacity (gal.)	Construction	Contents	Overfill/Spill Protection (Y/N)	Leak Detection	Still in Use (Y/N)

SECTION 4 – TRANSPORTATION COVERAGE

N/A

If not interested in Transportation Coverage select N/A and skip to Section 5:

Submission Information

- o At least 3 yrs of loss history for the Applicants Autos
- o List of Vehicles and Drivers, List of top 5 Third-Party Haulers

1. Do you transport regulated or hazardous wastes/materials? YES NO
If yes, please complete table below.

Characterization of Cargo

Material		Projected Qty's	General Description of Materials	% Trans by 1 st Party	% Trans by 3 rd Parties
Hazardous	Solid				
	Liquid				
	Gas				
Non-Hazardous					
Petroleum/Gasoline					

2. Please complete the table below describing the applicant's fleet of vehicles.

Characterization of Fleet

	Private Passenger & Pick-ups)	Med Trucks / Vans / Dump Trucks	Hvy Trucks / Power Units	Trailers / Tankers	Railcars	Watercraft / Barges	Other
Qty							
Overall Total Number of Vehicles							

General Transportation Questions: (If yes, please provide copies of plans)

- a. Do you have an Auto Safety & Training Program & check MVRs regularly? YES NO
 b. Do you have a Vehicle Maintenance Program in place? YES NO
 c. Do you have any Spill Contingency Plans in place? YES NO

SECTION 5 – WASTE SITES COVERAGE

N/A

If not interested in Waste Site Coverage select N/A and skip to Section 6:

Submission Information

- o List of currently or historically utilized Waste Sites
- o List of materials and quantities being sent to Waste Sites

1. Do you dispose regulated or hazardous materials? YES NO
2. If generating Haz. Materials, what is the applicant's Generator Status (ie., LQG, SQG, Cond. Exempt)? _____
3. Has the applicant ever been in a legal action/suit or PRP status for disposal of waste materials? If yes, please provide supporting information. YES NO
4. Please complete the table below describing the applicant's waste sites and waste materials.

Characterization of Waste Sites and Waste Materials

Waste Site	Address	Waste Materials		
		Haz. / Non-Haz	Material	Qty
1.				
2.				
3.				
4.				
5.				

SECTION 6 – INDOOR AIR QUALITY COVERAGE

N/A

If not interested in Indoor Air Quality Coverage select N/A and skip to Section 7:

Submission Information

- o Please submit copy of Property and GL Loss runs for the last 5 yrs; and
- o Copy of Mold/Water Intrusion Management or Formal Maintenance plan.

a. Please indicate the approximate total square footage by property class:

Property Type	Residential	Commercial	Industrial
Approx. Sq. Ft.			

b. Do any of the buildings exterior walls contain Exterior Insulation Finish System (EIFS)? If yes, when was the system installed, last inspected, and is there any evidence of water intrusion/mold issues? YES NO

c. Do any of your sites lie within a flood zone designated as "A" or "V" (in any variant) on the FEMA Flood Insurance Rate Maps (FIRMs); or located in a county that abuts an ocean; or otherwise know to be prone to flooding? If Yes, please list which sites: YES NO

d. Do any of the properties have any visible areas of fungus/mold growth currently or within the past 5 yrs? If yes, please explain: YES NO

e. Have any properties experienced mold growth requiring over \$25,000 in clean-up costs or Third-Party allegations/formal complaints for indoor air quality or mold related issues? If yes, please explain: YES NO

f. Have any indoor air quality/mold studies or inspections been performed in the last 5 yrs? If yes, please provide report. YES NO

g. Is there a written protocol for Water Intrusion / Mold or an individual responsible for performing routine inspections and maintenance activities? If yes, please provide details: YES NO

h. Is the applicant aware of any facts or circumstances which may reasonably be expected to result in a Claim(s) related to indoor air quality/mold issues at any Insured Properties. If yes, please provide details: YES NO

Section 7 – Warranty Statements

1. Has the applicant ever had a claim or loss for a pollution event Over \$50,000? If yes, please provide details. YES NO

2. Within the past five (5) years, has the applicant had a) any releases or spills of hazardous substances, or other pollutants, or b) been prosecuted or currently being prosecuted for the release or threatened release of a hazardous substance? If yes, please provide details. YES NO

3. At the time of signing this application, is the applicant aware of or know of any fact, circumstance or situation which may reasonably result in a claim against the applicant or any other person or entity for which coverage is being sought? If yes, please provide details. YES NO

4. Has any environmental coverage been declined, cancelled, or non-renewed? If yes, please provide details. YES NO

FRAUD WARNINGS

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

NOTICE TO HAWAII APPLICANTS: "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OF BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

NOTICE TO LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO OKLAHOMA APPLICANTS: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY" (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO TEXAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

NOTICE TO VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

NOTICE TO VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

NOTICE TO WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO WEST VIRGINIA: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR THE BENEFIT OF KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO ALL OTHER APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

I hereby certify to the truth of the foregoing and that I am authorized to execute the foregoing warranty and representation on behalf of the applicant.

APPLICANT: _____ TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT/BROKER NAME: _____