



Environmental Impairment Liability

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

Turnover:

Total Gross Revenues for last full year of account BWP _____

Estimated Gross Revenues for current year of account BWP _____

Business Interruption:

Is business interruption coverage required? Yes No

If so, please include (or attach) calculations of the estimated annual Gross Profit within the Covered Location(s) section per covered location(s), tick "Yes" if details are attached Yes No

Transportation

Is transportation coverage required? Yes No

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

tick "Yes" if details are attached Yes No

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 (BWP)	Sub-contracted (%)

4. Covered Location(s):

Please complete the below and/or attach a list of all locations for which coverage is required in the following format:

Full Address(s)	Business Activity	Gross Profit*

* Gross Profit - in respect of business interruption coverage. Please provide annual gross profit per location (if coverage applicable)

5. Environmental Management:

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

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

Bulk Hazardous Materials including Chemicals and/or Fuel:

Please list below any bulk hazardous materials, chemicals or fuels stored in quantities above 200 litres or equivalent:

Substance	Method of Storage	Details of any spill containment (e.g. stored in a bunded area, in sealed room, located on hardstanding)

6. Inception Date:

Please state desired date for policy inception: _____

7. Limits of Liability, Excess & Policy Period:

(Please indicate requested limits and retention levels)

Policy limit of liability: BWP _____

Limit of liability any one pollution condition or biodiversity damage: BWP _____

Excess per pollution condition: BWP _____

Policy period: _____

8. 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.

Retroactive date (if applicable): _____

9. 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.

Please tick if the proposer is providing additional information by attachment/s

Yes No

Checklist:

Have you included:

List of intended covered location(s) with full address(es)

In respect of business interruption (if applicable), details of estimated annual gross profit per covered location

In respect of transportation (if applicable), details of materials transported and number of journeys undertaken per month

Details of environmental management procedures

Method statements/Risk assessments

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:

Declaration

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 the Underwriter 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 the Underwriter 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: _____