

Premises Pollution Liability

Proposal Form

New Proposal Renewal

General Information

Proposer's Company Name:								
Key Contact:								
Address:								
			State:			Postcode	2:	
Telephone:			Email:			I		
Website:								
Company Overview								
Company is Public	Private	Partnership	Joii	nt Venture	Other:			
When was the company estal	blished/number of y	ears the compan	iy has bee	n in business?				
Business Description:								
Is the company a member of	any professional org	anisations or ass	sociations	?			Yes	No
Is the company owned or cor	itrolled by another c	ompany?					Yes	No
Does the company own any s	ubsidiaries?						Yes	No
Please provide a list below or	as an attachement:							
			1				Vee	N-

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

Insured Entities

Please list subsidiary, predecessor, acquired, parent, affiliated or merged entities for which coverage is requested:

Name of Entity	Date of Formation or Transaction	No. Professional Staff	Percentage of Annual Gross Revenues Assigned to the Insured

Covered Locations

Company Name	Full Address	Current Land Use	Prior Land Use	Date Site Acquired	Size of Site (hectares or m ²)

Transportation

Is transportation coverage required?	Yes	No

1st Party 3rd Party

Please describe details of materials transported, number of journeys undertaken per month, and volumes/quantities being transported:

Bulk Hazardous Materials, Chemicals or Fuel

Please list below any bulk hazardous materials, Chemicals or Fuels stored in quantities above 1,000 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)

Environmental Management

Please provide details of any Environmental Management Procedures (please attach a copy of any documented procedures):

Does the Firm perform any manufacturing, assembly, installation, construction, maintenance or repair services?	Yes	No
If yes , please provide details:		

Gross Revenues

Total Gross Revenues for Last Full Year of Account	\$
Estimated Gross Revenues for Current Year of Account	\$

Inception Date

Please state desired date for policy inception: / /

Limits of Liability and Self-Insure	d Retentions			
Please indicate requested limits and	retention levels			
Limits of Liability	Per Loss \$			
	Aggregate \$			
Self-Insured Retention	Per Loss \$			
Previous Insurance				
Within the past five (5) years has the prop	oser purchased this type of insurance coverag	e?	Yes	No
If yes , please provide information regard	ing any such coverage and all available loss info	ormation.		
Claims				
Within the past five (5) years have any cla brought against the proposer or other par	ims been made or legal actions (including any rty to the proposed insurance?	regulatory proceedings) been	Yes	No
Does the proposer or other party to the p proposed covered locations?	roposed insurance have knowledge of any poll	ution conditions at any of the	Yes	No
At the time of signing this application, are to a claim against any insured?	e you aware of any circumstances that may reas	sonably be expected to give rise	Yes	No
	e, please provide a brief description of the clair please provide a summary of any steps that ma			
	ich Claims exist, or any such facts or circumsta g from such facts or circumstances are exclude			
the applicant and its operations are true a	warrants to the company that all statements m and complete, and that no material facts have b verage. The applicant's acceptance of the com	been misstated in this application of	r concealed.	
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 materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act. Such an act is a crime and subjects such person to criminal and civil penalties.				

Signature of Authorised Applicant:	Date:
Print Name:	

Title:

About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London and other locations, and employs approximately 31,000 people worldwide.

Chubb, via acquisitions by its predecessor companies, has been present in Australia for over 50 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages, including Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base. Chubb is a major insurer of many of the country's largest companies. With five branches and over 500 staff in Australia, it has a wealth of local expertise backed by its global reach and breadth of resources.

More information can be found at www.chubb.com/au

Contact Us

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