



APPLICATION DATE

NEED BY DATE

PROPOSED EFFECTIVE DATE

ROCK HILL
INSURANCE COMPANY

SITE SPECIFIC LEGAL LIABILITY APPLICATION

SECTION A: APPLICANT INFORMATION

APPLICANT

MAILING ADDRESS

CITY

STATE

ZIP CODE

PHYSICAL ADDRESS IF DIFFERENT

CITY

STATE

ZIP CODE

CONTACT NAME

CONTACT E-MAIL

CONTACT PHONE #

WEBSITE ADDRESS

COMPANY IS:

Individual

Corporation

LLC

Partnership

Other (Specify)

SECTION B: REQUESTED COVERAGE

Renewal

New Business

	LIMITS	DEDUCTIBLE	PROPOSED RETRO DATE
Third Party Pollution Liability			
On Site Pollution Cleanup			
Off Site Pollution Cleanup			
Transportation Pollution Liability If selected, complete the Transportation Pollution Supplement			
Non-Owned Disposal Site Coverage If selected, complete the Non-Owned Disposal Supplement			

SECTION C: PRIOR SITE LIABILITY INFORMATION

CARRIER	LIMITS	DEDUCTIBLE	RETRO	PREMIUM

1. Have any environmental site assessments or other relevant site investigations been performed in the past 24 months for any site to be insured? Yes No If yes, attach a copy of all relevant

SECTION D: GROSS RECEIPTS

1. What are the applicants estimated gross sales for next 12 months?

SECTION E: CLAIMS

1. Have any claims been received in the last five (5) years alleging liability resulting from a pollution release at any site to be insured? Yes No If yes, attach a copy of all relevant correspondence relating to these matters.
2. In the past five (5) years have you received any notice of violation, fine or penalty resulting from a failure to comply with an environmental permit or license? Yes No If yes, attach a copy of all relevant correspondence relating to these matters.
3. Are you aware of any current or past pollution conditions at, under or migrating from any of the locations for which you are requesting coverage? Yes No If yes, attach a copy of all relevant correspondence relating to these matters.
4. Are you aware of any facts or circumstances which may reasonably be expected to give result in a claim(s) being asserted against you for environmental cleanup or for bodily injury or property damage arising from the releases of pollutants under this policy? Yes No If yes, attach a copy of all relevant correspondence relating to these matters.

SECTION F: PROPERTY

1. How many locations do you wish to be covered?
Please complete the following for all locations you wish be covered.

LOCATION (ADDRESS)	
ACREAGE	
LENGTH OF OPERATIONS	

2. Describe current operations:

3. Provide a Description of Adjacent Properties

North	
South	
East	
West	

4. Are there third parties that operate on or lease portions of the property? Yes No
If yes, attach a list of these third parties with a description of what they do on the site.

5. Was the site ever used as a waste disposal facility, whether permitted or not? Yes No
If yes, complete the Waste Disposal Facility supplement.

6. Does the site have any underground storage tanks? Yes No
If yes, complete the UST supplement.

7. Does the site have any aboveground storage tanks that store more than 1,000 gallons of liquids? Yes No
If yes, complete the AST supplement and attach the site's Spill Prevention, Control and Countermeasure Plan.

8. Does the site store or treat any hazardous materials? Yes No
If yes, complete the Hazardous Materials supplement.

FRAUD WARNING: APPLICABLE TO ALL STATES

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 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.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

NOTICE TO APPLICANTS:

- a) Any person who knowingly and with intent to defraud any insurance company or Other person files an application for insurance containing any false information, or conceals for the Purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance Act, which is a crime.
- b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature:

Date:

Title: