

AMERICAN INTERNATIONAL COMPANIES®

Name of Insurance Company to which Application is made (herein called the Company)

**COMPREHENSIVE GENERAL LIABILITY AND POLLUTION LEGAL LIABILITY
APPLICATION**

THIS IS AN APPLICATION FOR AN **OCCURRENCE OR CLAIMS MADE** COMMERCIAL GENERAL LIABILITY (CGL) COVERAGE SECTION AND A **CLAIMS MADE** POLLUTION LEGAL LIABILITY (PLL) COVERAGE SECTION POLICY, AND A COMMERCIAL UMBRELLA POLICY.

NOTICE: THE POLLUTION LEGAL LIABILITY COVERAGE SECTION OF THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR CLEANUP COSTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

INSTRUCTIONS:

- A. This application requires contact persons to be provided for each location. The applicant is responsible for obtaining and reviewing whatever records are available, whether in their possession or in the public domain, which are necessary in order to answer the questions in this application.
- B. Provide the following documents and materials along with the completed application:
- Completed CGL Accord Application
 - Completed Commercial Automobile Accord Application (when applying for Automobile Coverage under a separate policy)
 - Completed Umbrella Accord Application
 - Chemical Risk Addendum, for Applicants in the Chemical Manufacturing or Chemical Distributor Business
 - Audited Financials and 10K for the latest three years.
{ } Enclosed { } Information to follow { } Does not exist
 - Copy of Products Quality Control Program, (If products coverage is needed)
{ } Enclosed { } Information to follow { } Does not exist
 - Copy of Products Recall Program when applying for Products Recall Coverage is needed.
{ } Enclosed { } Information to follow { } Does not exist
 - Copy of Safety and Training Manuals
 - Any Environmental Survey/Audits conducted at the location within the past three years.
{ } Enclosed { } Information to follow { } Does not exist
 - Hard copy loss runs for the past five years

CGL AND PLL COVERAGE INFORMATION:

1. NAME OF APPLICANT: _____

LIST SUBSIDIARY COMPANIES REQUESTING COVERAGE: _____

POST OFFICE ADDRESS: _____

LOCATIONS TO BE COVERED FOR POLLUTION: _____

OPERATIONS OF THE INSURED: _____

NAME, TITLE AND TELEPHONE
NUMBER OF CONTACT PERSON: _____

2. SALES: (Attach Audited Financials for the past three years)

A) Estimated (Ensuing Year): _____

B) 19____ 19____ 19____ 19____ 19____
\$____ \$____ \$____ \$____ \$____

3. CHECK OFF BELOW THE COVERAGE FOR WHICH YOU ARE APPLYING AND THEN FILL IN THE DEDUCTIBLE AMOUNT SOUGHT FOR EACH COVERAGE DEDUCTIBLE:

DEDUCTIBLE

ON-SITE POLLUTION COVERAGES FOR ALL SITES LIMITED ONLY TO: _____

- BODILY INJURY
- PROPERTY DAMAGE
- THIRD PARTY CLEANUP OF NEW CONDITIONS
- FIRST PARTY DISCOVERY CLEANUP OF NEW CONDITIONS

OFF-SITE POLLUTION COVERAGE FOR ALL SITES LIMITED ONLY TO: _____

- BODILY INJURY
- PROPERTY DAMAGE
- CLEANUP OF NEW CONDITION
- OWNER'S SPILL COVERAGE: (THIRD PARTY CLAIMS FROM TRANSPORTATION OF PRODUCT OR WASTE)

NON-OWNED DISPOSAL SITE COVERAGE: (PROVIDE LIST OF SITES) _____

CLEANUP DUE TO ABOVE GROUND STORAGE TANK RELEASES

SCHEDULED UNDERGROUND STORAGE TANK COVERAGE (PROVIDE LIST OF TANKS)

SEAL: COVERAGE FOR POLLUTION CONDITIONS
FROM TRANSPORTED CARGO (PROVIDE LIST OF VEHICLES)

II. PREMISES INFORMATION

THE QUESTIONS IN SECTION II A OF THE APPLICATION MUST BE COMPLETED FOR EACH LOCATION BEING CONSIDERED FOR COVERAGE.

A. PREMISES INFORMATION

1. HOW LONG HAS THE NAMED INSURED BEEN IN BUSINESS AT THIS LOCATION?

2. DESCRIBE THE ACTIVITIES AT THIS LOCATION:
(INCLUDE INFORMATION ON MANUFACTURING OR PRODUCTION PROCESSES, WASTE TREATMENT AND/OR DISPOSAL ACTIVITIES. ALSO LIST AND DESCRIBE ANY OTHER COMPANIES WHICH HAVE OFFICES OR OPERATIONS OR LEASE SPACE AT THIS LOCATION).

	YES	NO
3. IS THE LOCATION TO FENCED?	_____	_____
4. IS THE LOCATION EQUIPPED WITH EMERGENCY LIGHTING?	_____	_____
5. IS THE LOCATION SPRINKLERED?	_____	_____
6. ARE THIRD PARTIES REQUIRED TO SIGN IN WHEN ENTERING THE PREMISES?	_____	_____
7. ARE THIRD PARTY ESCORTED WHEN ENTERING THE PREMISES	_____	_____
8. ARE THIRD PARTIES REQUIRED TO WEAR PERSONAL PROTECTIVE GEAR?	_____	_____
9. ARE ANY TOURS CONDUCTED ON THE PREMISES?	_____	_____

IF YES – HOW FREQUENTLY? _____

B. POLLUTION COVERAGE INFORMATION

1. POLLUTION COVERAGE CONTACT PERSON(S) (SEE TABLE A ATTACHED TO THIS APPLICATION). ONCE THIS APPLICATION IS RECEIVED, A MEMBER OF OUR STAFF MAY CALL THE CONTACT PERSON(S) YOU PROVIDED IN TABLE A IN ORDER TO CONTINUE THE APPLICATION PROCESS. THE ATTACHED TELEPHONE SURVEY OUTLINE SUMMARIZES THE TYPE OF INFORMATION THAT WILL BE REQUESTED FROM EACH CONTACT PERSON, AND SHOULD BE SENT TO THE CONTACT PERSON(S) IN PREPARATION FOR OUR STAFF CALL.

[FOR THE PURPOSES OF QUESTION 4. "YOU" INCLUDES THE CORPORATION, ENTITY, OR PARTNERSHIP OF THE APPLICANT AND ANY DIRECTOR, OFFICER OR PARTNER THEREOF].

2. A) HAVE YOU DURING THE PAST FIVE YEARS HAD ANY REPORTABLE RELEASES OR SPILLS OF HAZARDOUS SUBSTANCES, HAZARDOUS WASTE OF ANY OTHER POLLUTANTS, AS DEFINED BY APPLICABLE ENVIRONMENTAL STATUTES OR REGULATIONS? (YES) (NO)

IF YES, PROVIDE DETAILS: _____

B) HAVE YOU DURING THE LAST FIVE YEARS BEEN PROSECUTED, OR ARE YOU CURRENTLY BEING PROSECUTED, FOR CONTRAVENTION OF ANY STANDARD OR LAW RELATING TO THE RELEASE OR THREATENED RELEASE OF A HAZARDOUS SUBSTANCE, HAZARDOUS WASTE OR ANY OTHER POLLUTANT FROM ANY LOCATION OWNED OR OPERATED BY YOU? (YES) (NO)

IF YES, PROVIDE DETAILS: _____

3. LIST ALL CLAIMS MADE AGAINST YOU DURING THE PAST FIVE YEARS FOR CLEANUP OR RESPONSE ACTION "TOXIC TORT" OR OTHER BODILY INJURY, OR PROPERTY DAMAGE, RESULTING FROM THE RELEASE OF HAZARDOUS SUBSTANCES, HAZARDOUS WASTE, OR OTHER POLLUTANTS, FROM ANY LOCATION OWNED OR OPERATED BY YOU, INTO THE ENVIRONMENT. PROVIDE A BRIEF DESCRIPTION OF THE CLAIM(S) AND ITS DISPOSITION. IF NONE, SO STATE: _____

4. AT THE TIME OF THE SIGNING OF THIS APPLICATION, DO YOU KNOW OF ANY FACTS OR CIRCUMSTANCES WHICH MAY REASONABLY BE EXPECTED TO RESULT IN A CLAIM OR CLAIMS BEING ASSERTED AGAINST YOUR COMPANY FOR ENVIRONMENTAL CLEANUP OR RESPONSE, OR FOR BODILY INJURY OR PROPERTY DAMAGE ARISING FROM THE RELEASE OF POLLUTANTS INTO THE ENVIRONMENT? (YES) (NO)

IF YES, PROVIDE DETAILS: _____

III. CGL COVERAGE – PRODUCTS AND SERVICES INFORMATION

1. DESCRIBE THE PRODUCTS AND/OR SERVICES OF THE BUSINESS AND STATE THE NUMBER OF YEARS EACH PRODUCT OR SERVICE HAS BEEN OFFERED:

2. GIVE THE NAME AND INDUSTRY OF THE APPLICANT’S THREE LARGEST CUSTOMERS:

3. WHO PERFORMS THE INSTALLATION AND MAINTENANCE OF YOUR PRODUCT(S)?

- A. APPLICANT STATE APPLICABLE PAYROLL:\$ _____
- B. CUSTOMER
- C. THIRD PARTY HIRED BY:

- 1. CUSTOMER
- 2. APPLICANT

- a) WHAT ARE MINIMUM INSURANCE LIMITS REQUIRED BY APPLICANT \$ _____
- b) WHAT IS THE COST OF SUBCONTRACTORS \$ _____

4. HAVE ANY PRODUCTS BEEN DISCONTINUED? (YES) (NO)

IF YES, STATE REASON, YEAR DISCONTINUED, AND SALES FOR THAT YEAR AND TWO PRIOR YEARS: _____

5. DO YOU RETAIN THE LIABILITY FOR ANY PRODUCTS OR OPERATIONS WHICH YOU NO LONGER CONTROL? (YES) (NO)

IF YES, PLEASE EXPLAIN: _____

6. HAVE ANY PRODUCTS BEEN ACQUIRED BY MERGER OR ACQUISITION? (YES) (NO)

IF YES, PLEASE EXPLAIN: _____

7. WILL ANY NEW PRODUCTS BE INTRODUCED IN THE NEXT 12 MONTHS? (YES) (NO)

IF YES, PLEASE EXPLAIN: _____

8. DO YOU IMPORT PRODUCTS OR COMPONENT PARTS? (YES) (NO)

IF YES, PLEASE EXPLAIN: _____

9. IF PRODUCTS RECALL COVERAGE IS BEING REQUESTED HAVE YOU EVER RECALLED PRODUCTS DUE TO POTENTIAL SAFETY HAZARDS OR PROVIDED MATERIAL OR INFORMATION FOR A RETROFIT OF ONE OF YOUR PRODUCTS: (YES) (NO)

IF YES, PLEASE ATTACH DETAILS AND STATE PERCENTAGE OF PRODUCT RETROFITTED OR RECOVERED:

10. HAVE ANY OF YOUR PRODUCTS EVER BEEN SUBJECT TO GOVERNMENTAL INQUIRY OR INVESTIGATION RELATIVE TO PRODUCT SAFETY? (YES) (NO)

IF YES, PROVIDE DETAILS: _____

11. CAN YOUR PRODUCTS BE DISTINGUISHED FROM THE PRODUCTS OF YOUR COMPETITORS? (YES) (NO)

IF YES, PLEASE EXPLAIN: _____

12. HAS ANY INSURER CANCELLED, RESTRICTED OR REFUSED TO RENEW YOUR PRODUCTS LIABILITY INSURANCE IN THE PAST FIVE YEARS? (YES) (NO) (NOTE: MISSOURI RESIDENTS DO NOT REPLY).

IF YES, PLEASE PROVIDE DETAILS: _____

13. ARE ANY OF YOUR PRODUCTS INTENDED FOR USE ON OR IN CONNECTION WITH:

	YES	NO
a) AIRCRAFT OR MISSILES?	_____	_____
b) WATERCRAFT?	_____	_____
c) OFFSHORE OPERATIONS?	_____	_____
d) INFANT AND/OR CHILD CLOTHING OR OTHER GOODS?	_____	_____

14. DO YOU REQUIRE CERTIFICATES OF INSURANCE FROM YOUR SUPPLIERS? (YES) (NO)
IF YES, INDICATE MINIMUM LIMIT ACCEPTABLE: _____

15. DO YOU PROVIDE INSURANCE FOR YOUR DISTRIBUTORS? (YES) (NO)
IF YES, PLEASE PROVIDE DETAILS: _____

16. ARE YOUR PRODUCTS DESIGNED, TESTED, LABELED, AND MANUFACTURED TO MEET OR EXCEED ALL INDUSTRY OR GOVERNMENT STANDARDS? (YES) (NO)
17. STATE WHICH STANDARDS OR APPROVAL AGENCIES ARE USED: _____

18. WITH REGARD TO PRODUCTS LIABILITY CLAIMS HISTORY, PLEASE ATTACH AT EAST FIVE YEARS DATA ON CLAIMS, BOTH TOTAL LOSSES FROM FIRST DOLLAR, INDEMNITY AND EXPENSES AND SPECIFIC DATA ON INDIVIDUAL LOSSES PAID OR RESERVED FOR \$10,000 OR MORE (FIRST DOLLAR INCLUDES EXPENSES). INDICATE IF THERE HAVE BEEN ANY LOSSES WHICH EXCEED THE PRIMARY POLICY LIMIT: (YES) (NO)
19. HAS THERE BEEN A SIGNIFICANT CHANGE IN YOUR PRODUCTS OR MIX OF PRODUCTS SOLD IN THE LAST FIVE YEARS? (YES) (NO)
IF YES, PLEASE EXPLAIN: _____

20. DO YOU HAVE A WRITTEN PROCEDURE FOR THE HANDLING OF COMPLAINTS ABOUT YOUR PRODUCTS AND ACCIDENT/INJURIES INVOLVING YOUR PRODUCTS? (YES) (NO)
IF YES, PROVIDE DETAILS: _____

21. IS A WRITTEN RECORD OF ALL SUCH COMPLAINTS, ACCIDENTS, INJURIES MAINTAINED? (YES) (NO)
22. WHO IS THE INDIVIDUAL OR THE DEPARTMENT RESPONSIBLE FOR MAINTAINING THESE RECORDS? _____

IV. UMBRELLA/EXCESS COVERAGE INFORMATION

1. PREVIOUS CARRIER _____ LIMITS _____ PREMIUM _____

2. SELECT THE COVERAGES NEEDED IN THE UMBRELLA/EXCESS:

	YES	NO
POLLUTION LIABILITY COVERAGE	_____	_____
AUTOMOBILE	_____	_____
EMPLOYER'S LIABILITY	_____	_____

3. HAS ANY UMBRELLA OR EXCESS INSURER DECLINED, CANCELLED OR REFUSED TO RENEW? (YES) (NO) (NOTE: MISSOURI RESIDENTS DO NOT REPLY.)

IF YES, GIVE DETAILS: _____

4. WORKERS COMPENSATION:

A. IS STATUTORY WORKERS COMPENSATION COVERAGE CARRIED IN ALL STATES WHERE THE APPLICANT IS EXPOSED? (YES) (NO)

IF YES, GIVE DETAILS: _____

B. IS APPLICANT A QUALIFIED SELF-INSURER FOR WORKERS COMPENSATION COVERAGE? (YES) (NO)

IF YES, GIVE DETAILS: _____

C. IS THE APPLICANT SUBJECT TO ANY OF THE FOLLOWING:

- JONES ACT
- FEDERAL RAILROAD EMPLOYEE ACT
- LONGSHOREMEN'S AND HARBOR WORKERS ACT

IF YES, GIVE DETAILS: _____

5. AIRCRAFT (IF APPLICABLE)

A. PROVIDE NUMBER AND DESCRIPTION OF ALL OWNED OR LEASED AIRCRAFT

B. ARE LEASED AIRCRAFT HIRED WITH OR WITHOUT CREW? (YES) (NO)

IF YES, GIVE DETAILS: _____

C. DOES APPLICANT MAINTAIN ANY AIRPORT FACILITIES? (YES) (NO)

IF YES, GIVE DETAILS: _____

D. WOULD APPLICANT EVER SERVICE, REPAIR OR REFUEL ANY AIRCRAFT FOR OTHERS? (YES) (NO)

IF YES, GIVE DETAILS: _____

6. WATERCRAFT (IF APPLICABLE)

A. DESCRIBE ALL OWNED, LEASED OR CHARTERED WATERCRAFT

INCLUDE NAVIGATIONAL LIMITS: _____

DESCRIBE ANY PASSENGER OR CARGO HAULAGE: _____

B. DOES THE APPLICANT OWN OR MAINTAIN ANY DOCKING, PIER, WHARF OR QUAY FACILITIES? (YES) (NO)

IF YES, GIVE DETAILS: _____

7. RAILROADS (IF APPLICABLE)

A. DOES THE APPLICANT OWN, MAINTAIN OR SERVICE ANY RAILROADS, LOCOMOTIVE CARS OR RAILROAD EQUIPMENT? (YES) (NO)

B. IF YES, PASSENGER OR FREIGHT? _____

C. IF FREIGHT, WHAT COMMODITIES HAULED? ANY HAZARDOUS?

D. IF RAILROAD CARS, DO APPLICANT'S LOCOMOTIVES GO ON A MAIN LINE OF ANOTHER'S RAILROAD? _____

8. LOSS HISTORY

A. PROVIDE AGGREGATE LOSS EXPERIENCE FOR EACH LINE OF INSURANCE FOR THE PAST FIVE YEARS. INCLUDE NUMBER OF CLAIMS PER YEAR, TOTAL PAID AND RESERVE.

B. PROVIDE A BRIEF DESCRIPTION OF ANY LIABILITY LOSS ABOVE \$25,000, WHETHER OR NOT INSURED. INCLUDE DATE OR LOSS, AMOUNT PAID AND VALUATION OF RESERVES.

C. DESCRIBE LARGEST SINGLE LOSS EVER (WHETHER OR NOT COVERED BY INSURANCE).

D. HAS APPLICANT EVER HAD ANY LOSSES OVER \$1,000,000? (YES) (NO)

IF YES, GIVE DETAILS:

9. PROVIDE CURRENT UNDERLYING INSURANCE –SEE TABLE B:

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 Company's quotation and Company's written agreement to be bound is required to bind coverage and to issue policy. It is agreed that this form shall be the basis of the contract should a policy be issued, and will be attached to the policy.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made apart hereof.

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, 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."

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 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 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 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 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 IN THE THIRD DEGREE."

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

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."

If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail.

APPLICANT _____ **DATE** _____
Signature of Officer of Corporation

APPLICANT _____
(Print Name & Title)

BROKER _____ **DATE** _____
(Print Name & Firm)

(Address of Brokerage Firm)

(Contact Person)

(Telephone Number)

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The insured hereby acknowledges that he/she/it is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Company shall not be liable for the costs of legal defense or for the amount of any judgment or settlement or cleanup costs to the extent that such exceeds the limit of liability of this policy.

The Insured hereby further acknowledges that he/she/it is aware that with respect to the Pollution Legal Liability Coverage Section (Coverage D) of the Commercial General Liability and Pollution Legal Liability Coverage Part, legal defense costs that are incurred shall be applied against the deductible amount.

SIGNED:

Signature of Partner or Officer

Print Name & Title

**AMERICAN INTERNATIONAL COMPANIES POLLUTION LEGAL LIABILITY
TELEPHONE SURVEY OUTLINE**

1. Description of principal operations
2. EPA Identification Number(s)
3. Have any Environmental Surveys/audits been conducted at the location within the past three years?
{ } Yes { } No If yes, please forward a copy.
4. RAW MATERIALS/WASTE MANAGEMENT (include on-site disposal such as closed landfills, surface impoundments, deep well injection, etc.)
 - Type
 - Materials or raw waste?
 - Amount on-site
 - Hazardous class/regulatory status
 - Method of storage
 - Environmental controls
5. STORAGE AREAS
 - A) Description of container/drum storage areas
 - How many?
 - How much?
 - What type of secondary containment is provided?
 - B) Description of above-ground storage tanks
 - How many?
 - How much?
 - Age?
 - What type of secondary containment is provided?
 - Material or type of tank?
 - C) Description of underground storage tanks
 - How many?
 - How much?
 - Age?
 - Type of leak detection?
 - Material or type of tank?
6. Age of facility.
7. Site History: Description of past occupancies and land use.
8. Surrounding Environment and Land Use (Including population, residences, geographic features/sensitive habitats, industries, waterways, etc.)

9. PERMITS AND GROUNDWATER MONITORING (number of permits and number of exceedences).
- A) Permits
 - POTW
 - NPDES
 - AIR
 - STORMWATER
 - B) On-Site Groundwater Monitoring Wells
 - How many
 - Forward groundwater monitoring results from past four (4) sampling events and map showing the location of wells and groundwater flow direction
10. ENVIRONMENTAL MANAGEMENT AND COMPLIANCE
- A) Emergency response plan in place?
 - SPCC Plan in place?
 - Fire Protection Plan in place?
 - B) Environmental Personnel Training Program in place?
 - On-Site Environmental Professional?
 - C) Documented Inspection Program in place?
 - D) Previous pollution events?
 - E) On-going remediation projects?
 - F) Existing contamination?
 - G) Public complaints, law suits?
 - H) Regulatory issues:
 - NOV's
 - Consent Orders
 - Corrective Actions
 - Other
11. Information on waste sent off-site (such as type, quantity, mode of transport, and name, address and description of disposal and/or transfer facilities).