

**LIMITED POLLUTION LIABILITY
INSURANCE QUESTIONNAIRE**

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An SWG Company

List all raw materials utilized in process, all intermediate and end products.

Name	Gas, Solid, Granular or Liquid	Quantity on Hand	Type of Container	Volume of Largest Container	Underground Yes/No	If above ground is it dyked or undyked

Description of Operations Conducted by the Applicant

Answer Yes or No to each of the following. All questions must be answered.

Do You:

- Discharge to water or land? Yes No Attach copy of permit
- Discharge to a sewer system other than sanitary waste? Yes No Attach copy of permit
- Discharge to air? Yes No Attach copy of permit
- Operate air pollution control equipment? Yes No Attach copy of permit
- Utilize solvents, degreasers, paints or other volatile organic chemicals ? Yes No
- Generate hazardous waste? Yes No
- Store or apply pesticides, insecticides or herbicides? Yes No
- Utilize compressed gases other than air? Yes No List on tank data supplement

Do You Have:

- Underground tanks? Yes No List on tank data supplement
- Above ground tanks located outdoors? Yes No List on tank data supplement
- Any tanks located indoors? Yes No List on tank data supplement
- Waste pits, sumps, vaults or drains? Yes No
- Incinerator? Yes No
- Polychlorinated Biphenyls (PCB's) used or stored? Yes No List amounts, where and how stored.

Permission to Discharge to the Environment

Attach a copy of every application made on behalf of your operation to a government authority in request for a permit to emit or discharge any contaminant in any amount concentration or level in excess of that prescribed by the regulations. Also provide a copy of any documentation evidencing approval granted by government authority related to these activities

Claim or Loss Experience

List and describe all pollution or environmental damage claims (including unpaid claims or complaints) which have occurred in the past five years. Included claims for which no insurance was purchased.

Previous Events

List all events in the past five years, which in your view could have led to a pollution incident. Exclude any mentioned above.

Has Pollution coverage been declined in the past? Yes No

If Yes, please provide details.

Do you have pollution liability coverage currently in effect? Yes No

If Yes, please provide details.

Company Name

Policy Number

Expiry Date:

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Additional Information related to Application

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