

Premises Pollution Liability

Proposal Form

New Proposal Rea	newal						
General Information							
Proposer's Company Name:							
Key Contact:							
Address:							
		State:			Postcode:		
Telephone:		Email:					
Website:							
Company Overview							
Company is Public Private Partnership Joint Venture Other:							
When was the company estab	lished/number of years the compa	ny has bee	n in business?				
Business Description:							
Is the company a member of any professional organisations or associations? Yes						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 attachement:						
Does the company's activities for coverage under this insurance involve any of the OFAC sanctioned countries, namely Iran, Cuba, Syria, North Korea or North Sudan? No							
Insured Entities							
Please list subsidiary, pred	lecessor, acquired, parent, affil	iated or m	erged entitie	es for which cove	rage is request	ed:	
Name of Entity	Date of Formation or Transaction Professional Staff Percentage of Annual Gross Revenues Assigned to the Insured						

Covered Locations	5							
Please attach a list of all locations for which coverage is required in the following format:								
Company Name	Full Address	Current Land Use	Prior Land Use	Date Site Acquired	Size of Site (hectares or	· m²)		
Transportation								
Is transportation cover	rage required?				Yes	No		
1st Party 3re	d Party							
Please describe details	s of materials transported, number of jou	ırneys undertaken	per month, and v	olumes/quantities b	eing transported	1 :		
Bulk Hazardous M	laterials, Chemicals or Fuel							
	·							
Please list below any b	ulk hazardous materials, Chemicals or F	uels stored in quar	tities above 1,00	O litres or equivalen	t:			
Substance			Method of Storage Details of any Spill Containment					
			(e.g. stored in a bunded area, in sealed room, located on hardstanding)					
		1	L.					
Environmental Ma	anagement							
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 Rever	Estimated Gross Revenues for Current Year of Account			\$				

Inception Date					
Please state desired date for policy	vinception: / /				
Limits of Liability and Self-	nsured Retentions				
Please indicate requested limi	ts and retention levels				
Limits of Liability	Per Loss		\$		
	Aggregate		\$		
Self-Insured Retention	Per Loss		\$		
Previous Insurance					
Within the past five (5) years has the proposer purchased this type of insurance coverage?					No
If yes , please provide information	regarding any such coverage and a	ll available loss info	ormation.		
Claims					
brought against the proposer or o	any claims been made or legal actic ther party to the proposed insurance to the proposed insurance have kno	ce?		Yes	No No
proposed covered locations?		, F		165	1.0
At the time of signing this applicat to a claim against any insured?	ion, are you aware of any circumsta	ances that may reas	onably be expected to give rise	Yes	No
	s above, please provide a brief desc . Also, please provide a summary of ture.				
	f any such Claims exist, or any such s arising from such facts or circums				
the applicant and its operations a	plicant warrants to the company the true and complete, and that no moind coverage. The applicant's acce	aterial facts have b	een misstated in this application o	or concealed	i.
statement of claim containing any	ith intent to defraud any insurance materially false information, or co ne and subjects such person to crim	nceals information	for the purpose of misleading, cor		
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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