

# POLLUTION LIABILITY QUESTIONNAIRE

*FINANCIAL PACIFIC*



This questionnaire is part of the application. The answers in this questionnaire are warranties on the part of the insured, furnished to Financial Pacific Insurance Company, in consideration for Financial Pacific Insurance Company providing insurance.

Insured/Applicant \_\_\_\_\_ Social Security # \_\_\_\_\_

1. Are you currently aware of any environmental conditions that could give rise to a pollution claim? ..... Yes \_\_\_ No \_\_\_

If yes, please describe the condition.

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2. Are there any above ground or underground tanks with a capacity of 250 gallons or more located on the premises? ..... Yes \_\_\_ No \_\_\_

If yes, please provide a tank schedule.

If yes, do tanks meet 1998 EPA upgrade requirements? ..... Yes \_\_\_ No \_\_\_

3. During the last 5 years have you been cited and/or prosecuted for contravention or violation of any standard or law relating to the release from your premises of any substance into sewers, rivers, seas, air or land? ..... Yes \_\_\_ No \_\_\_

4. Is the Liability Classification for this risk 95233 – Garbage, Ash or Refuse Collection? ..... Yes \_\_\_ No \_\_\_

If yes, does the applicant/insured own or operate a landfill? ..... Yes \_\_\_ No \_\_\_

5. Is the Liability Classification for this risk 59985 – Wood Products Manufacturing? ..... Yes \_\_\_ No \_\_\_

If yes, does the applicant/insured do any wood treating on any premises? ..... Yes \_\_\_ No \_\_\_

If yes, please describe the activity.

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I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I understand that Financial Pacific Insurance Company may rescind coverage if I have not provided accurate and complete information in this questionnaire.

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Owner or Officer's Name

\_\_\_\_\_  
Agent's Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner or Officer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expiring FPIC policy number, if applicable