



AFRO-ASIAN®
INSURANCE SERVICES LTD
Broker of LLOYD

Premises Pollution Liability *Proposal Form*

New Proposal **Renewal**

Proposer's Company Name: _____

Key Contact: _____

Address: _____

City: _____ County: _____

Postcode: _____ Tel: _____

Email: _____ Website: _____

Description of Business: _____

Company Is: PLC Partnership Joint Venture LLC/LLP

Other: _____

Insured Entities (Please list subsidiary, predecessor, acquired, parent, affiliated or merged entities for which coverage is requested):

Name of Entity	Date of Formation or Transaction	Percentage of Annual Gross Revenues Assigned to the Insured
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Covered Locations (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 (acres or ft ²)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



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Gross Revenues

Total Gross Revenues for Last Full Year of Account £ _____

Estimated Gross Revenues for Current Year of Account £ _____

Business Interruption

Is Business Interruption coverage required? YES NO

If so please attach calculations of estimated annual gross profit per Covered Location

Inception Date (Please state desired date for policy inception:

Limits of Liability and Self-Insured Retentions (Please indicate requested limits and retention levels):

Limits of Liability	Per Loss	£/\$/€ _____ (delete currencies as applicable)
	Aggregate	£/\$/€ _____
Self-Insured Retention	Per Loss	£/\$/€ _____

Previous Insurance

Within the past five (5) years has the proposer purchased this type of insurance coverage?

YES NO

If "Yes", please provide information regarding any such coverage and all available loss information.

Claims

Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the proposer or other party to the proposed insurance?

YES NO

Does the proposer or other party to the proposed insurance have knowledge of any pollution conditions at any of the proposed covered locations?

YES NO

At the time of signing this application, are you aware of any circumstances that may reasonably be expected to give rise to a claim against any insured?

YES NO

If "Yes" to the three Claims questions above, please provide a brief description of the claim or circumstance (indicate the alleged incident, location, date, type of injury, etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.



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Declaration

I certify that the information given above is, to the best of my knowledge, accurate. I understand that the Underwriter is relying on such information in the issue of an insurance policy. I confirm my understanding that the fact that specific questions have been asked and answered in this Questionnaire does not remove our Company's obligation to inform the Underwriter of all other matters, which are material to the risk for which we are seeking insurance.

I have obtained the express consent to the disclosure and use of sensitive personal data from every data subject whose sensitive personal data is supplied in connection with this proposal for the purposes of (a) underwriting the risks and (b) performing any resulting insurance contract.

Authorised signatory: _____

Signed: _____

Position: _____

Date: _____