

NOTES

1. Please answer all questions as fully as possible and in BLOCK CAPITALS.
2. If you have insufficient space to complete any of your answers, please continue on your headed paper.
3. Material contained in the Applicant's website is not deemed to form part of this application apart from any information attached to the application in hard copy form.
4. The form must be signed and dated by an Owner, Partner, Director or Officer of your firm who is in a position of suitable authority and knowledge to fully and accurately answer the questions set out below.
5. This application comes with a series of appendices for you to include supporting information relevant to your submission. The appendices are in electronic format (Excel) and are as follows:
 - A. Insured Property List
 - B. Contracted Operations
 - C. Disclosed Reports
 - D. Prior Claims
 - E. Contracts for which insurance is required
 - F. Above Ground Storage Tanks
 - G. Underground Storage Tanks
 - H. Please submit your current audited financials including balance sheet and income statement when returning your completed copy of this application.

Please note that your disclosure obligations are not limited to responding to the questions raised in this application form and you must make a fair presentation of the risk pursuant to the Insurance Act 2015.

If you require more information in respect of your disclosure obligations, please ask your broker or usual Liberty contact.

A full Policy Wording is available on request. Please ask your broker or usual Liberty contact.

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance.

GUIDANCE

1. In the event that you wish to only obtain a very rough indication (VRI) of the premium associated with the LED Policy, please complete Section I only.
2. In the event that you wish to obtain a bindable quote for any of the Coverage Sections, please complete Section I, Section II and the relevant part of Section III. For all quotations, please complete the declaration at the end of this form and the relevant appendices as directed.

SECTION 1 – MUST BE COMPLETED IN ALL CASES

COMPANY DETAILS

1. Company Name (to appear on documentation)
2. Address

Postcode
3. Website Address
4. Please detail any other entities that also require cover under this policy and their relationship to you
5. Are you part of a larger company? Yes ☐ No ☐
If 'Yes', please attach a company structure chart
6. Do you own or lease property other than the property included in question 1 above? Yes ☐ No ☐
If 'Yes', please complete Appendix A
7. Are your properties located across multiple countries? Yes ☐ No ☐
If 'Yes', please state countries
- Please note that the LED Policy only provides cover for operations and properties within the EEA
8. Occupation/Business/Trade Description (please detail all activities)
9. Please confirm your turnover
Previous year £ Estimated for coming year £
10. Do you conduct operations on another party's property? Yes ☐ No ☐
If 'Yes', please complete Appendix B
11. Does your operation require the manufacture, use, storage or sale of nanotechnology or Genetically Modified Organisms? Yes ☐ No ☐

SECTION II – PLEASE COMPLETE IF YOU REQUIRE A BINDABLE QUOTATION

COVERAGE REQUIRED

Please complete the following table indicating the **coverage**, **limit** and **deductible** options that you require. Please see our guidance note for a more detailed description of the cover on offer.

Please note that certain operations are subject to a minimum deductible which will be advised to you when we provide terms.

Cover	Description	Option (please tick C, D or E as required)				Notes
		1.	2.	3.	4.	
A	Legal Defence	✓	✓	✓	✓	A and B are standard covers. Please complete Q1 to 14
B	Environmental Damage	✓	✓	✓	✓	
C	Business Cover					Please complete Q15 and 16
D	Historical Cover					Please complete Q17
E	Increased Cost of Working					Please complete Q18
Limit (in the agg)		£	£	£	£	
Deductible (each incident)		£	£	£	£	

PRIOR INCIDENTS/CLAIMS

Complete for all cover options

12. Are you aware of any pollution, contamination or environmental damage associated with either your business activity or the sites that you own or occupy, even though no claim has been made against you? Yes ☐ No ☐
If 'Yes', please attach detail
13. Are you aware of any environmental reports / audits relating to the business activity? Yes ☐ No ☐
If 'Yes', please complete Appendix C and provide copies of the reports
14. Have any claims previously been made against you in respect of threatened or actual environmental damage or releases of pollution? Yes ☐ No ☐
If 'Yes', please complete Appendix D and provide copies of the reports
15. Has any application for Environmental Impairment Liability Insurance by the present owner, partner, director or officer of your firm ever been declined or coverage cancelled or non-renewed? Yes ☐ No ☐
If 'Yes', please attach detail

CONTRACTUAL LIABILITY

Complete for all cover options

Contractual liability is excluded under the LED Policy. If you have any such liability that you wish to be insured, please complete the following question. We will schedule any indemnity that we are willing to insure on the policy.

- 16.** Do you have any contractual liability that you wish to be insured? Yes ☐ No ☐

If 'Yes', please complete Appendix E and attach the contracts

GENERAL MANAGEMENT ISSUES

Complete for all cover options

- 17a.** Do you have someone who is responsible for the environmental management of your operations? Yes ☐ No ☐

If 'Yes', we may need to talk to them – please provide their name and contact number

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- 17b.** Do you have a recognisable Environmental Management System for your operation? Yes ☐ No ☐

If 'Yes', please attach

- 18a.** Do you have any above ground fuel or chemical storage tank at a property that you own or lease? Yes ☐ No ☐

If 'Yes', please complete Appendix F

- 18b.** Do you have any underground fuel or chemical storage tanks that you know of at a property that you own or lease? * Yes ☐ No ☐

If 'Yes', please complete Appendix G

- 19a.** Do you own or operate a haulage or tanker fleet? Yes ☐ No ☐

If 'Yes', please answer the following questions:

- 19b.** Please confirm the number of vehicles in the fleet
- | | |
|--|--|
| | |
|--|--|

- 19c.** Please confirm that all the vehicles are properly licensed, regularly maintained and used for the purpose they were designed for Yes ☐ No ☐

- 19d.** Please confirm that all your drivers / operators have been trained for the use of their vehicles and the materials being transported Yes ☐ No ☐

If you answered 'No', to questions 19c. or 19d., please provide details

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* Known underground fuel or chemical storage tanks are excluded under the LED Policy. If you have any such tanks that you wish to be insured, please complete question 18b. We will schedule any underground storage tank that we are willing to insure on the policy.

SENSITIVITY

Complete for all cover options

20.a Are there any watercourses on or bordering any of your properties? Yes ☐ No ☐

20b. Are there any residential properties on or bordering any of your properties? Yes ☐ No ☐

20c. Are there any areas of wetland, woodland, flood plain or open fields either on or bordering your property? Yes ☐ No ☐

If you answered 'Yes' to any of the above questions, please attach a map showing the extent of your property

20d. Are any of the land uses identified in 20c. above protected (e.g. National Trust, Forestry Commission, Site of Specific Scientific Interest etc)? Yes ☐ No ☐

If 'Yes', please provide details

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**SECTION III – PLEASE COMPLETE THE RELEVANT QUESTION FOR THE COVERAGE
THAT YOU HAVE SELECTED**

COVERAGE C – BUSINESS COVER: FURTHER DETAILS

Coverage C provides protection against claims arising from pollution caused by your Business Activity (that you describe above). Only complete this section if Coverage C has been requested.

21a. How long have you been in business?

21b. If you require the cover to be backdated to cover the period that you have been in business, please state the date that the cover should be backdated to

21c. Have there been any significant changes in the business over this time period (e.g. redevelopment, new products / processes or a management buyout)?

Yes ☐

No ☐

If 'Yes', please provide details

22a. On Appendix A, please state how long you have occupied each property

22b. Are you intending to redevelop, acquire or divest any of your locations or business, for which you are requesting cover, over the next 12 months?

Yes ☐

No ☐

If 'Yes', please provide details

COVERAGE D – HISTORICAL COVER: FURTHER DETAILS

Coverage D provides protection against claims arising from pollution caused by the historical use of your properties. Only complete this section if Coverage D has been requested.

- 23.** Are you aware of any previous uses of the property that you own or occupy that are different from the current use? Yes ☐ No ☐

If 'Yes', please identify on Appendix A

Please note that we will also use your answer to Question 13. above to assess this cover.

COVERAGE E – INCREASED COST OF WORKING – POLLUTION: FURTHER DETAILS

Coverage E provides cover in the event that you incur any increased cost of working following a pollution or environmental damage incident otherwise insured by the policy. Only complete this section if Coverage E has been requested.

- 24a.** Do you have any recognisable disaster recovery plan that reacts to a pollution or environmental damage event? Yes ☐ No ☐

If 'Yes', please provide details

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- 24b.** Please confirm the turnover for each of the properties that you operate from on Appendix A

IMPORTANT INFORMATION

Data Protection

Liberty Mutual Insurance Europe Limited (“Liberty”) is the registered data controller for personal information collected from you.

“You” shall include, as relevant, individual insured customers (including prospective customers) such as sole traders, a company’s owners, partners and/or any individual who may be covered by an insurance policy with Liberty.

We will use your information subject to data protection laws for various purposes. In summary, this includes but is not limited to managing and handling your insurance queries, underwriting and claims handling. We may use an anonymised form of it for various purposes. We may check your information against public sources (such as the electoral roll and court judgments bankruptcy or repossession and other insurance industry databases) and this may involve carrying out bankruptcy/judgment debt checks, fraud prevention, anti-money laundering and counter terrorism financing checks, subject to data protection law and with your consent if required. We may directly or indirectly share your information with other insurers, the police and other law-enforcement agencies, the Claims and Underwriting Exchange Register and the Motor Insurance Anti-Fraud and Theft Register, government agencies and/or regulatory authorities, as applicable. In addition, we may pass your information and claims history to agents, service providers, other Liberty Mutual Insurance Group companies, regulatory organisations, and to certain other third parties.

By going ahead with a Liberty insurance quote or policy or by giving us your personal information including sensitive personal information (as more particularly described in your Policy) you will be explicitly agreeing to us, our agents, other insurers and the other persons described in this notice (and/or in your Policy) processing it for all relevant purposes. Before you provide us with any information about others, you should make sure they are aware of how we will use their information and have agreed to this.

For our policy about taking instructions from persons other than the Policyholder, details about data transfers outside the European Economic Area, how to obtain copies of personal information and who to contact in the event of questions, please see the Privacy Policy (which contains a full overview about Liberty’s use of your personal information). You can view this at www.libertyspecialtymarkets.com/cookie-and-privacy-policy/ or by contacting our Data Protection Officer at 20 Fenchurch Street, London, EC3M 3AW for a hard copy.

Your Insurer

This insurance will be underwritten by Liberty Mutual Insurance Europe Limited (LMIE) trading as Liberty Specialty Markets, a member of the Liberty Mutual Insurance Group. LMIE (company number 1088268, PCA/FCA no: 202205) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered in England & Wales at 20 Fenchurch Street, London, EC3M 3AW.

Tel: +44 (0) 20 3758 0000.

DECLARATION

I/we accept that completion of this application form does not bind the Applicant or Liberty Mutual Insurance Europe Limited to effect a contract of insurance.

I/we hereby declare that I am authorised to complete this application on behalf of the Applicant that the above statements and particulars are true, and that full enquiry has been made to ensure their accuracy. I/we have not omitted, suppressed or mis-stated any material facts which may be relevant to the Company's consideration of this application. I/we accept and acknowledge that the truth of statements, answers and information supplied in connection with this application has been relied on by Liberty Mutual Insurance Europe Limited in deciding whether or not to effect a contract of insurance and on what terms.

I/we undertake to inform Liberty Mutual Insurance Europe Limited of any material change to any fact contained herein that occurs prior to inception of the contract of insurance.

I/we undertake to exercise all ordinary and reasonable precautions for the safety of the insured property.

OWNER, PARTNER, DIRECTOR OR OFFICER'S NAME:

OWNER, PARTNER, DIRECTOR OR OFFICER'S SIGNATURE

POSITION IN COMPANY:

Date

Law Applicable to Contract. This Contract will be subject to English Law.

Συγκατάθεση για τη χρήση πληροφοριών

Η General Cover insurance Brokers θα χρησιμοποιήσει τις πληροφορίες που παρέχονται στο παρόν για τη διαχείριση του ασφαλιστηρίου συμβολαίου, συμπεριλαμβανομένων των αναδοχών και των απαιτήσεων Χειρισμός, ή Αντιμετώπιση. Αυτό μπορεί να περιλαμβάνει τη γνωστοποίησή του σε άλλους ασφαλιστές, ρυθμιστικές αρχές ή στους πράκτορες του ασφαλιστή για λογαριασμό τους.

Ο ασφαλιστής μπορεί να παράσχει, κατόπιν αιτήματος, περισσότερες λεπτομέρειες μέσω των βάσεων δεδομένων στις οποίες έχει πρόσβαση ή συνεισφέρει.

Δήλωση

Ο κάτωθι υπογεγραμμένος επιβεβαιώνει ότι είμαι δεόντως εξουσιοδοτημένος και δίνω συγκατάθεση για τη χρήση των πληροφοριών όπως ορίζεται ανωτέρω.

Επίσης δηλώνω ότι είμαι εξουσιοδοτημένος να ολοκληρώσω αυτήν την πρόταση εξ ονόματος του προτείνοντος. Αναλαμβάνω να ενημερώσω τον ασφαλιστή για οποιαδήποτε ουσιώδη τροποποίηση ή προσθήκη σε αυτές τις δηλώσεις ή στοιχεία που εμφανίζονται πριν από την έναρξη της περιόδου ασφάλισης. Αναγνωρίζεται και συμφωνείται ότι οι όροι υπόκεινται σε περιορισμούς και οι εξαιρέσεις από την πολιτική ενδέχεται να υποστούν αλλαγές οποιαδήποτε στιγμή πριν από την έναρξη της περιόδου ασφάλισης αν θα πρέπει να προκύψουν τέτοιες υλικές τροποποιήσεις ή προσθήκες. Η υπογραφή αυτής της πρότασης δεν δεσμεύει τον ασφαλιστή να δώσει προσφορά, ούτε ο αιτών να δεχθεί την ασφάλιση.

Υπογραφή *

Όνομα

Θέση της εταιρείας

Ημερομηνία

* ο υπογράφων θα πρέπει να είναι διευθυντής ή ανώτερος υπάλληλος της εταιρείας ή ο ασφαλιζόμενος

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