

Environmental No Known Loss Supplement

Applicant Information

1. First Named Insured: _____
2. List all other Named Insureds requesting coverage under the policy and describe their relationship with the First Named Insured:

Named Insured	Relationship to the First Named Insured

3. First Named Insured's Mailing Address: _____
4. Telephone: _____
5. Email: _____

Claims / Circumstances

For the questions below, "**you**" means all Named Insureds and any director, officer, or partner thereof.

6. Have you in the last five (5) years:
 - a. Had any reportable releases or spills of hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations; or
 - b. Been in breach of or non-compliant with any environmental license or permit issued to you?

☐ Yes ☐ No

If **yes**, please describe and provide further documentation where possible:

7. Have you in the last five (5) years been prosecuted or threatened with prosecutions or are you currently being prosecuted for any offence directly or indirectly arising out of a release of pollutants into any surface water, air, or into land or groundwater?

☐ Yes ☐ No

If **yes**, please describe and provide further documentation where possible:

8. List all claims made against you during the last five (5) years for clean-up costs, bodily injury, or property damage resulting from the release of hazardous substances, hazardous waste, or other pollutants.

9. At the time of signing this application, are you aware of any facts or circumstances which may reasonably be expected to give rise to a claim or claims being asserted against you for clean-up costs, bodily injury, or property damage arising from a release of pollutants?

☐ Yes ☐ No

If **yes**, please describe:

Declaration

I/we declare that to the best of my/our knowledge and belief the answers given on this application whether by me/us or on my/our behalf are complete and true and that I/we have not withheld any material information.

If this application has been completed on my/our behalf by a third party, I/we agree that the third party is deemed to be my/our agent and not an agent for the Insurer and I/we have read the information provided before signing the form.

Applicant's Signature	Date
Company Name (if applicable)	Title/Position (if applicable)

This application must be signed by a principal, director, or partner of the First Named Insured.