

Delta Insurance New Zealand Ltd. Level 3, 57 Fort Street, Auckland 1010. PO Box 106 276, Auckland 1143. Tel 09 300 3079 [deltainsurance.co.nz](http://deltainsurance.co.nz)

## Environmental Liability Insurance Fixed Site

### Notice

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you have insufficient space to complete any of your answers please continue on a separate attachment.

You have an ongoing duty to disclose all material facts and failure to do so could prejudice future claims.

### Information Requirements

As well as answering the questions outlined in this proposal form, please also provide the following documents and materials:

- 1 Any Environmental Surveys/Audits conducted at the location(s) within the past five (5) years.
  - Enclosed
  - Information to follow
  - Do not exist
- 2 Any correspondence with the Environmental Protection Agency relating to the location(s).
  - Enclosed
  - Information to follow
  - Do not exist
- 3 Copies of Property Engineering Surveys
  - Enclosed
  - Information to follow
  - Do not exist

### Applicant details

- 1 Name of applicant including trading names: \_\_\_\_\_
- 2 Names of subsidiaries: \_\_\_\_\_
- 3 Names of any other parties required to be insured (including their relationship with the applicant):  
\_\_\_\_\_  
\_\_\_\_\_
- 4 Postal address: \_\_\_\_\_
- 5 Website address: \_\_\_\_\_
- 6 Advise the number of years that the business has been operating: \_\_\_\_\_

### Business details

- 1 Outline the nature of the business including a full description of your activities and in particular those activities where you provide professional advice, design or opinion which may be relied upon by a third party:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2 Please provide total gross revenue split as follows:

Country	Last financial year (actual)	Current financial year (estimated)
New Zealand	\$	\$
Australia	\$	\$
Pacific Islands	\$	\$
Other. Please specify:	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>

## Insured Location Information

Please provide the following information for each site to be covered by this insurance policy, using additional sheets if necessary. If it is more convenient, you may also attach or submit a schedule of locations containing the information in Adobe Acrobat (PDF) or Microsoft Excel format:

Category	
Site no.	1
Street address:	
City:	Postcode:
Country:	
Site contact:	Phone no:
Current use of the site:	
Prior use of the site:	
*Existence of known contamination:	<input type="radio"/> Yes <input type="radio"/> No
#Underground storage tanks:	<input type="radio"/> Yes <input type="radio"/> No

\*If Yes, please provide details:

#If Yes, please provide details in Annex 1.

Category	
Site no.	2
Street address:	
City:	Postcode:
Country:	
Site contact:	Phone no:
Current use of the site:	
Prior use of the site:	
*Existence of known contamination:	<input type="radio"/> Yes <input type="radio"/> No
#Underground storage tanks:	<input type="radio"/> Yes <input type="radio"/> No

\*If Yes, please provide details:

#If Yes, please provide details in Annex 1.

Category	
Site no.	3
Street address:	
City:	Postcode:
Country:	
Site contact:	Phone no:
Current use of the site:	
Prior use of the site:	
*Existence of known contamination:	<input type="radio"/> Yes <input type="radio"/> No
#Underground storage tanks:	<input type="radio"/> Yes <input type="radio"/> No

\*If Yes, please provide details:

#If Yes, please provide details in Annex 1.

1 Do you have any plans to acquire additional Insured Location(s) during the proposed policy term?  Yes  No

**If Yes,** please indicate estimated number of sites: \_\_\_\_\_

2 Do you conduct environmental due diligence before the acquisition of a new site?  Yes  No

**If Yes,** please provide details of your environmental due diligence process: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Other Information:**

1 Please enter transportation activities that your company performs:

Type and volume of material transported to or from the Insured Location(s)	Mode of transportation (e.g. rail, truck, watercraft)	Transporter (i.e. third-party transporter or yourself)

2 Do you perform any activities (non-transportation activities) outside of the Insured Location(s)?  Yes  No

**If Yes,** please provide details below:

Type of Off-Site Activity	Estimated Annual Turnover

3 What kind of raw materials (including liquid chemicals) do you store on-site?

Type of Raw Material	Volume Stored On Site	How is it stored (e.g. aboveground storage tank with 10,000l capacity)

4 What kind of waste materials do you generate?

Type of Waste	Volume	How is it stored and disposed of?

**Insurance history**

1 Have you ever had any insurance declined or cancelled, renewal refused, special conditions imposed or a claim rejected?  Yes  No

**If Yes,** please provide details in a separate attachment.

2 Please provide details of any current Environmental Liability insurance coverage that you have in place:

Current insurer: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Limit of indemnity: \$ \_\_\_\_\_ Excess: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

**Claims history**

1 In the last five years, have the applicant had any reportable releases or spills of hazardous substances, hazardous wastes, or any other pollutants as defined by applicable environmental statutes or regulations?  Yes  No

**If Yes,** please provide full details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2 In the last five years, has the applicant been prosecuted or is the applicant currently being prosecuted for contravention of any standard or law relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental statutes or regulations?  Yes  No

If Yes, please provide full details:

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3 Have any claims been made against the applicant during the past five years for cleanup or response action, "toxic tort" or other bodily injury, or property damage, resulting from the release of hazardous substances, hazardous waste, or other pollutant, from this location or other locations owned or operated by the applicant, into the environment?  Yes  No

If Yes, attach a brief description of the claim(s) and their disposition.

For the purpose of Question 4. below, "YOU" means the manager or supervisor of the applicant responsible for environmental affairs, control or compliance, or any manager of the location(s) which is the subject of this Proposal Form, or any officer, director or partner of the applicant.

4 At the time of the signing of this Proposal Form, do you know any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental cleanup, or or bodily injury or property damage arising from the release of pollutants into the environment?  Yes  No

If Yes, please provide full details:

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Cover required

1 Limit of indemnity required:  \$1m  \$2m  \$5m  \$10m  Other:

2 Level of excess required:  \$10,000  \$15,000  \$20,000  \$50,000  Other:

3 Term required (years):

Declaration

On behalf of all proposed Applicants I/We declare and agree that all information provided in this proposal or attachments is true and correct in every respect and that all information that may be material in considering this proposal form has been fully and accurately disclosed to Delta Insurance New Zealand Ltd in writing in a manner which would not mislead a prudent insurer.

I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (amongst other things) if any statement in this proposal is "substantially incorrect" or "material" as both terms are defined in the Insurance Law Reform Act 1977.

I/We undertake to inform Delta Insurance New Zealand Ltd of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

- (a) I/We am/are obliged to advise Delta Insurance New Zealand Ltd of any information which may be material to its consideration of this application. This information includes all information I/We know (or could reasonably be expected to know) which could influence the judgement of Delta Insurance New Zealand Ltd whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.
- (b) Failure to provide this information may result in Delta Insurance New Zealand Ltd refusing to provide the insurance.
- (c) I/We have certain rights of access to and correction of this information.

Signature of Principal, Partner or Director:

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Full name of individual:

Date: / /

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**Details of Underground Storage Tanks**

1 Have any repairs or upgrades (including relining) been performed within the past ten (10) years for any tank at locations to be insured?  Yes  No

**If Yes**, please provide full details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 Tank details:

Site #	Contents	Age (years)	Volume (L)	Construction material		Leak detection
				Tank	Piping	

3 Is there a Spill Prevention/Overfill and Counter-Control plan with regard to the Underground Storage tanks?  Yes  No

**If Yes**, please provide full details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4 Do you use an outside contractor or firm for compliance management services? This includes, but is not limited to, equipment inspection monitoring, proper state and local regulatory paperwork completion, and filing, and monthly monitoring.  Yes  No

**If Yes**, please provide full details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_