

Healthcare Premises Pollution Liability

Proposal Form

New Proposal Renewal

General Information

Proposer's Company Name:					
Key Contact:					
Address:				State:	
				Postcode:	
Telephone:		Email:			
Website:					

Company Overview

Company is Public Private Partnership Joint Venture Other:

When was the company established/number of years the company has been in business?

Business description:

Is the company a member of any professional organisations or associations?	Yes	No
Is the company owned or controlled by another company?	Yes	No
Does the company own any subsidiaries?	Yes	No

Please provide a list below or as an attachment:

Does the company's activities for coverage under this insurance involve any of the OFAC sanctioned countries, namely Iran, Cuba, Syria, North Korea or North Sudan?	Yes	No
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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 (hectares or m ²)

Transportation

Is transportation coverage required? Yes No

1st Party 3rd Party

Please describe details of materials transported, number of journeys undertaken per month, and volumes/quantities being transported:

Bulk Hazardous Materials, Chemicals or Fuel

Please list below any bulk hazardous materials, Chemicals or Fuels stored in quantities above 1,000 litres or equivalent:

Substance	Method of Storage	Details of any Spill Containment (e.g. stored in a bunded area, in sealed room, located on hardstanding)

Environmental Management

Please provide details of any Environmental Management Procedures (please attach a copy of any documented procedures):

Does the Firm perform any manufacturing, assembly, installation, construction, maintenance or repair services? Yes No

If **Yes**, please provide details:

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	\$
	Aggregate	\$
Self-Insured Retention	Per Loss	\$

Previous Insurance

Within the past (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

Does the Applicant or any other party to the proposed insurance have knowledge of injury to people or damage to property during the last five (5) years on or at projects where the Applicant or any other party to the proposed insurance performed covered operations? Yes No

Does the Proposer or any other party to the proposed insurance have knowledge of any claims made or pollution conditions discovered during the last five (5) years resulting from the transportation of the Applicant's or any other party's waste, goods or products? Yes No

Does the Applicant or any other party to the proposed insurance have knowledge of any claims made with respect to pollution conditions on, at, under or migrating from, any disposal sites to which the Applicant's or any other party's waste is currently being, or has historically been, taken for recycling or disposal? 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.

*It is understood and agreed that if any such Claims exist, or any such facts or circumstances exist which could give rise to a Claim, then those Claims and any other Claims or costs arising from such facts or circumstances are excluded from the proposed insurance unless otherwise affirmatively stated in the policy.

Supplemental Information for Storage Tank Coverage

If you are seeking coverage for pollution conditions emanating from storage tanks, please complete the following.

If you are not, please confirm that the items below are not applicable by checking here

Are all of the storage tanks to be covered pursuant to this insurance (hereinafter Storage Tanks) compliant with all applicable federal, state, and local laws and regulations? Yes No

Have any other storage tanks been removed or closed-in-place in the locations where the Storage Tanks are currently situated?	Yes	No
If Yes is indicated above, please provide detailed information identifying the specific storage tanks to be covered pursuant to this insurance, which are situated at the common location.		
Will any of the Storage Tanks be removed, closed or upgraded within the next eighteen (18) months?	Yes	No

Supplemental Information for Lead-Based Paint and Asbestos Coverage

If you are seeking coverage for liability arising out of bodily injury or property damage resulting from exposure to Lead-Based Paint and/or Asbestos, complete the following.

If you are not, please confirm that the items below are not applicable by checking here

Do any of the buildings located at the proposed covered locations contain lead-based paint?	Yes	No
If the Applicant answered yes to Question above, does the Applicant or any other relevant party to the proposed insurance have a lead-based paint management plan in place to address the lead-based paint?	Yes	No
If Yes is indicated above, please provide a copy of any such plan(s) as an attachment to this application.	Yes	No
Do any of the buildings located at the proposed covered locations contain asbestos or asbestos-containing materials (ACM)?		
If the Applicant answered yes to Question above, does the Applicant or any other relevant party to the proposed insurance have an asbestos management plan in place to address the asbestos?	Yes	No
If Yes is indicated above, please provide a copy of any such plan(s) as an attachment to this application. Have any health concerns been raised, or any claims been made, with respect to the presence of lead-based paint, asbestos or asbestos-containing materials at any of the buildings located at the proposed covered locations?	Yes	No
If Yes is indicated above, please provide detailed information regarding the health concerns and/or claims as an attachment to this application.		
*It is understood and agreed that if any such Claims exist, or any such facts or circumstances exist which could give rise to a Claim, then those Claims and any other Claims or costs arising from such facts or circumstances are excluded from the proposed insurance unless otherwise affirmatively stated in the Policy.		

Supplemental Information for Mould, Fungi and/or Legionella Pneumophila Coverage

If you are seeking coverage for Mould, Fungi and/or Legionella Pneumophila, complete the following.

If you are not, please confirm that the items below are not applicable by checking here

Do the Applicant and all other parties to the proposed insurance perform due diligence with respect to mould and/or fungi when acquiring or leasing property such as in accordance with ASTM Standard E2418-06 "Standard Guide for Readily Observable Mould and Conditions Conducive to Mould in Commercial Buildings: Baseline Survey Process?"	Yes	No
If Yes is indicated above, please provide detailed information regarding the scope of that due diligence as an attachment to this application.	Yes	No
Have any of the buildings located at the proposed covered locations ever been identified as having mould, fungi, legionella pneumophila or similar bacteria-related problems?		
If Yes is indicated above, please provide detailed information regarding the mould, fungi, legionella pneumophila or similar bacteria related problems as an attachment to this application.	Yes	No
Have any of the buildings located at the proposed covered locations experienced any water leaks or flooding within the past five (5) years?		
If Yes is indicated above, please provide detailed information regarding the leaks or flooding as an attachment to this application.	Yes	No
Are any of the buildings situated at the proposed covered locations constructed using Exterior Insulation and Finish Systems (EFIS)?		
If Yes is indicated above, please provide detailed information confirming the applicable locations as an attachment to this application.	Yes	No
Do the Applicant and all other parties to the proposed insurance have mould management and/or water intrusion plans in place with respect to the proposed covered locations?		

If **Yes** is indicated above, please provide a copy of any such plan(s) as an attachment to this application. Yes No

Do employees or members of the Applicant and all other parties to the proposed insurance receive training regarding the handling of mould, fungi or legionella pneumophila or similar bacteria-related issues?

If **Yes** is indicated above, please provide detailed information regarding such training as an attachment to this application. Yes No

Have any health concerns been identified by, or any claims been made against, the applicant or any other parties to the proposed insurance with respect to mould, legionella pneumophila, similar bacteria-related issues or any other indoor air quality-related issues at buildings located on any of the proposed covered locations?

If **Yes** is indicated 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.

*It is understood and agreed that if any such Claims exist, or any such facts or circumstances exist which could give rise to a Claim, then those Claims and any other Claims or costs arising from such facts or circumstances are excluded from the proposed insurance unless otherwise affirmatively stated in the Policy.

Supplemental Information for Facility-Borne Illness Coverage

If you are seeking coverage for Facility-Borne Illness, complete the following.

If you are not, please confirm that the items below are not applicable by checking here

Do the Applicant and all other parties to the proposed insurance perform maintain a facility-borne illness prevention and control plan (or its functional equivalent)? Yes No

If **Yes** is indicated above, please provide detailed information or a copy of that plan as an attachment to this application. Yes No

Do employees or members of the Applicant and all other parties to the proposed insurance receive training regarding the prevention and control of facility-borne illnesses?

If **Yes** is indicated above, please provide detailed information regarding such training as an attachment to this application. Yes No

Have any of the buildings located at the proposed covered locations ever been identified as having a facility-borne illness problem?

If **Yes** is indicated above, please provide detailed information regarding the facility-borne illness problem as an attachment to this application. Yes No

Have any health concerns been identified by, or any claims been made against, the Applicant or any other parties to the proposed insurance with respect to a facility-borne illness at buildings located on any of the proposed covered locations?

If **Yes** is indicated 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.

*It is understood and agreed that if any such Claims exist, or any such facts or circumstances exist which could give rise to a Claim, then those Claims and any other Claims or costs arising from such facts or circumstances are excluded from the proposed insurance unless otherwise affirmatively stated in the Policy.

By signing this application, the applicant warrants to the company that all statements made in this application including attachments, about the applicant and its operations are true and complete, and that no material facts have been misstated in this application or concealed. Completion of this form does not bind coverage. The applicant's acceptance of the company's quotation is required before the applicant may be bound and a policy issued.

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act. Such an act is a crime and subjects such person to criminal and civil penalties.

Signature of Authorised Applicant:

Date:

Print Name:

Title:

About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London and other locations, and employs approximately 31,000 people worldwide.

Chubb, via acquisitions by its predecessor companies, has been present in Australia for over 50 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages, including Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base. Chubb is a major insurer of many of the country's largest companies. With five branches and over 500 staff in Australia, it has a wealth of local expertise backed by its global reach and breadth of resources.

More information can be found at www.chubb.com/au

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