

# LIMITED POLLUTANTS REMOVAL APPLICATION

Complete for each location

Named Insured:

Facility Name:

Facility Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Select Quote Limit:  \$25,000 maximum per occurrence at each location subject to \$100,000 annual policy aggregate  
 \$50,000 maximum per occurrence at each location subject to \$200,000 annual policy aggregate

**For facilities with more than 1,000 storage units:**

- \$100,000 maximum per occurrence at each location subject to \$200,000 annual policy aggregate  
 \$5,000 deductible  
 \$10,000 deductible
- \$200,000 maximum per occurrence at each location subject to \$400,000 annual policy aggregate  
 \$10,000 deductible  
 \$25,000 deductible

**1** Does the lease contain language specifically prohibiting storage of hazardous/toxic waste and other pollutants?  
 Yes  No \*\*Please enclose a copy of the lease.

**2** What procedures are in place for identification of renters (such as requiring driver's license and Social Security numbers) when signing up a new tenant?

**3** Insured facility agrees to display signs specifically prohibiting storage of hazardous/toxic waste and other pollutants.  
 Yes  No

**Coverage is not bound until approved by Underwriting.  
OWNERS MUST REPORT ALL CLAIMS TO THEIR INSURANCE AGENT IMMEDIATELY.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date