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POLLUTION LEGAL LIABILITY PROPOSAL FORM

NOTICE: THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY.

INSTRUCTIONS

- A. This application requires that contact persons be provided for each location. The applicant is responsible for obtaining and reviewing whatever records are available, whether in their possession or in the public domain, which are necessary in order to answer any of the questions in this application.
- B. Once this application is received, a member of our staff will contact person(s) you provided in Section A in order to continue the application process, if additional information is required or missing.
- C. This Application should be completed with the assistance of the senior environmental employee on the company's site.
- D. Attach as much information as you can obtain from your site contact (i.e. site diagram, Spill Control Plan, list of tanks and capacities, list of raw materials/quantities, Pollution Control Plan, Emergency Response Plan, Environmental Training Schedule, copies of permits, etc.).
- E. Complete the questionnaire to the best of your ability. If you cannot answer a question, state that there was not enough information, no one on-site knew the answer, or contact INDOSURANCE for assistance.

Date: _____ Completed By: _____

Company Contact / Number: _____

COMPANY NAME AND ADDRESS:

LIST OF SUBSIDIARY COMPANIES REQUESTING COVERAGE: (attach separate sheet if required)

NAMED INSURED IS A:
() partnership () corporation () joint venture () other

DESCRIPTION OF PRINCIPAL OPERATIONS:

- Describe the principal business at this location.
- Please provide anything in writing that describes the site operations (Brochures, Marketing Materials, etc.).
- Provide facility site plan/site diagram and attach, if available.

NOTE:

For the purposes of Question 5. "YOU" includes the Corporation, Entity, or Partnership of the applicant and any Director, Officer or Partner thereof.

1.

A. HAVE YOU DURING THE PAST FIVE (5) YEARS HAD ANY REPORTABLE RELEASES OR SPILLS OF HAZARDOUS SUBSTANCES, HAZARDOUS WASTE OR ANY OTHER POLLUTANTS, AS DEFINED BY APPLICABLE ENVIRONMENTAL STATUTES OR REGULATIONS?

NO ____ YES ____ IF YES, DESCRIBE IN DETAIL:

B. HAVE YOU DURING THE LAST FIVE (5) YEARS BEEN PROSECUTED, OR ARE YOU CURRENTLY BEING PROSECUTED, FOR CONTRAVENTION OF ANY STANDARD OR LAW RELATING TO THE RELEASE OR THREATENED RELEASE FROM THE LOCATION OF A HAZARDOUS SUBSTANCE, HAZARDOUS WASTE OR ANY OTHER POLLUTANT?

NO ____ YES ____ IF YES, DESCRIBE IN DETAIL:

C. LIST ALL CLAIMS MADE AGAINST YOU 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 POLLUTANTS, FROM THIS LOCATION OR OTHER LOCATIONS OWNED OR OPERATED BY YOU, INTO THE ENVIRONMENT. PROVIDE A BRIEF DESCRIPTION OF THE CLAIM(S) AND ITS DISPOSITION. IF NONE, SO STATE.

D. AT THE TIME OF THE SIGNING OF THIS APPLICATION, DO YOU KNOW OF 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 RESPONSE, OR FOR BODILY INJURY OR PROPERTY DAMAGE ARISING FROM THE RELEASE OF POLLUTANTS INTO THE ENVIRONMENT?

YES ____ NO ____ IF YES, DESCRIBE IN DETAIL:

PLEASE COMPLETE THE QUESTIONS BELOW:

1. Site History: Description of past occupancies & land use.

2. Surrounding Environmental & Land Use: Describe the surrounding environment/land use and proximity to all industrial complexes, warehouses, parking lot, schools, residential properties, public buildings, farmland, vacant land, landfills, drum storage area, sensitive habitats, waterways, drinking wells, etc:

3. How long has your company occupied this site? _____

4. Describe the existing operational facilities
- Size of Property
 - Number of Buildings – size, type of construction, etc.
 - Sanitary waste water facilities
 - Manufacturing and production operations
 - Land surface (e.g., vegetation, asphalt, concrete)
 - Underground process piping, trenches, sumps, pits, dry wells
 - Support facilities (e.g, machine shops, maintenance shops, etc.)
 - Underground storage tanks? Yes () No ()
5. Description of the container/drum storage areas:
- How many storage areas are there on-site?
 - What are the quantities stored on-site?
 - What type of secondary containment is provided for the container/drum storage areas? (i.e. earthen dikes, concrete dikes, liners, leak/spill detection sensors, etc.)
6. Description of the aboveground storage tank areas:
- How many aboveground tanks are there on-site?
 - What is the combined tank capacity of all the aboveground tanks?
 - What do the aboveground storage tanks contain (attach a list of all aboveground tanks and their contents if available)?
 - What is the tank construction of the aboveground storage tanks?
 - What is the age of the aboveground storage tanks?
 - What type of secondary containment is provided around each tank? (i.e. earthen dikes, concrete dikes, liners, leak/spill detection sensors, etc.)
 - Are tank/vessel inspections conducted periodically to ensure the tanks are in good condition and not leaking? Yes () No ()
 - If “Yes”, who conducts the tank/vessel inspections?
 - Are the tank/vessel inspections documented? Yes () No ()
 - When were the last tank/vessel inspections conducted (attach copy of the last tank/vessel inspection)?
7. Have any environmental surveys, audits or investigation been conducted at the site within the past five years? Yes () No () If “Yes”, please forward a copy.
8. Have there been any previous pollution events on the Site (i.e spills, releases, fires, explosions)? Yes () No () If “Yes”, please provide available documentation.
9. Is there any existing soil or groundwater contamination on-site? Yes () No ()
If “Yes”, please provide available documentation
10. Are there any ongoing/planned soil or groundwater remediation projects at the site? Yes () No () If “Yes”, please describe each project, indicating the availability design documents, government agencies involved, public participation, schedule for project completion, estimated costs.
11. Are there any environmental lawsuits pending against the site? Yes () No ()
If “Yes”, please provide available documentation
12. Are there any on-site groundwater monitoring wells? Yes () No ()
- Why were the monitoring wells installed?
 - If “Yes”, how many wells are there on site?
 - How often are samples taken and analyzed?
 - Who conducts the sampling?
 - Any groundwater problems noted to date? Yes () No ()
 - Describe any known groundwater problems on-site:
 - Describe any known groundwater problems off-site:
 - What is the direction of the groundwater flow at the site?
13. Describe the types of raw materials (solids and liquids) stored on-site:
- Describe the quantities of raw materials stored on-site:

- Describe the method of raw material storage on-site:
 - Describe the environmental controls utilized to control the various types of raw materials stored on-site (i.e. tanks, dikes, physical barriers, dust control procedures, etc.):
 - How much of the raw materials are used annually?
14. Is any waste currently disposed on-site? Yes () No () N/A ()
If "Yes", please provide the following
- Type
 - Materials or raw waste?
 - Number of years waste has been stored on-site
 - Does the site have a waste permit
 - Amount
 - Hazard class/regulatory status
 - Method of storage (landfill, surface impoundment, deep well injection, including depth, incineration, other.
 - Construction, age, and maintenance
15. Does the facility have a Wastewater Permit? Yes () No () N/A ()
- What types of wastewater does the facility produce (i.e. Stormwater runoff, process water, etc.)?
 - Describe the wastewater treatment process (attached information from the client, if available).
 - Where does the company discharge its wastewater?
 - Public Treatment Facility? Yes () No () N/A ()
 - Public Storm Water System? Yes () No () N/A ()
 - Lake? Yes () No () N/A ()
 - River? Yes () No () N/A ()
 - Stream? Yes () No () N/A ()
 - Lagoon? Yes () No () N/A ()
 - Deep well injection? Yes () No () N/A ()
 - Other:
 - Has the facility ever exceeded permit limits Yes () No () N/A ()
 - If the company has ever exceeded its Wastewater Permit, describe the instances when the permit was exceeded (i.e. chemicals, etc.):
16. Does the company have an Air Permit at this site? Yes () No () N/A ()
- Are there any air monitoring/control systems on-site? Yes () No ()
 - If "Yes", describe the air monitoring systems on-site:
 - Has the facility experienced any air problems (indoor or outdoor)? Yes () No ()
 - If "Yes", describe these air problems mentioned by management:
17. Does the facility have any other environmental permits? Yes () No () N/A ()
- If "Yes", describe the other permits:
18. Are there any requirements or plans to install or upgrade air pollution control devices or wastewater treatment equipment? Yes () No () N/A () If "Yes", please provide available documentation describing the equipment to be installed or upgraded and the reason for the project.
19. Are there any construction/demolition projects planned or scheduled in the future? Yes () No () N/A () If "Yes", please provide details.
20. Are there any site investigation projects planned or scheduled for the future? Yes () No () N/A () If "Yes", please provide details.
21. Does the company have any of the following Plans?
- Is there an Emergency Response Plan in place? Yes () No ()
 - If "Yes", please attach a copy
 - Is there a Spill Control Plan in place? Yes () No ()
 - If "Yes", please attach a copy

- Is there Fire Protection Program in place? Yes () No ()
- Is there an on-site Emergency Response Team: Yes () No ()
 - If "Yes", what is the experience and training of the team members?

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required prior to binding coverage and policy issuance. If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail. The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

APPLICANT _____ DATE _____
 (signature of owner or officer)

APPLICANT _____
 (print name & title)

BROKER _____ DATE _____
 (print name of firm)

 (address of brokerage firm)

 (contact person & telephone #)

TABLE A: LOCATION CONTACTS

<p>(1) Location Name and Address: _____ _____ _____</p> <p>Description of Operations: _____ _____</p> <p>Contact Name & Title: _____</p> <p>Contact Address: _____ _____ _____</p> <p>Contact Phone & Fax Nos.: _____ _____</p>	<p>(2) Location Name and Address: _____ _____ _____</p> <p>Description of Operations: _____ _____</p> <p>Contact Name & Title: _____</p> <p>Contact Address: _____ _____ _____</p> <p>Contact Phone & Fax Nos.: _____ _____</p>
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(3) Location Name and Address:

Description of Operations:

Contact Name & Title:

Contact Address:

Contact Phone & Fax Nos.:

(4) Location Name and Address:

Description of Operations:

Contact Name & Title:

Contact Address:

Contact Phone & Fax Nos.:

