

Healthcare Facility Limited Pollution Liability Supplemental Application



PO Box 590009 • Birmingham, AL 35259-0009 • 800.282.6242 • Fax 205.868.4040

Legal Entity Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Effective Date: _____ Retroactive Date: _____ Desired Limits: _____

1. General Information

List all subsidiaries/locations to which this insurance is to apply along with a brief description of same.

Subsidiary, Site/Location	Description

2. Application Addendum

Please include the following additional information with your application:

1. State Certification for Incinerator, if applicable.
2. Any contracts for disposal of infectious waste.
3. Copy of maintenance records demonstrating state compliance for leak detection.
4. Certification of installation for *each* storage tank.
5. Copies of Certificate of Insurance furnished you by others providing other insurance for any item(s) mentioned in the "Storage Tanks" section below.

3. Incinerators

- A. Do you operate an incinerator? Yes No
 If *yes*, who is responsible for disposal of infectious waste and maintenance of incinerator?

- B. Do you contract for services? Yes No
 If *yes*, with what company? _____
- C. Is the transportation and storage of infectious waste materials documented? Yes No
 If *yes*, by whom? _____
- D. Do you have an established waste management program? Yes No
 If *yes*, who coordinates the program? _____
- E. If the facility operates an incinerator, is there a policy for monitoring of infectious waste disposal? Yes No
- F. Is documentation of such monitoring maintained? Yes No
- G. Is there a policy for maintenance of the incinerator? Yes No
- H. Is documentation of incinerator maintenance maintained? Yes No
- I. Are emissions regularly analyzed for toxicity? Yes No
- J. Are "red bags" of contaminated materials deposited on landfills or dumps without first being disinfected/sterilized? Yes No

4. Nuclear Medicine/Hazardous Waste

- A. What kinds of pollutant or toxic wastes do you generate and dispose of?
- i. Chemical: Toxic Yes No
Reactive Yes No
Corrosive Yes No
 - ii. Organic (i.e., bacteriologic, viral, etc.): Yes No
 - iii. Radioactive: Yes No
 - iv. Other: _____ Yes No
- B. Is the facility aware of the rule published by OSHA which extends its Hazard Communication Standard to all employers (effective May 23, 1988)? **Note:** this rule applies to any chemical which is a physical or a health hazard, and to any employee who may be exposed to hazardous chemicals under normal operating conditions or in foreseeable emergencies. Yes No
- C. Is the facility in compliance with the above rule? Yes No
- D. Do you operate a nuclear medicine department at this facility (or any subsidiary, site or location listed under "General Information" above)? Yes No
If *yes*, list below and indicate what substances are used and disposed of on a regular basis.
- E. Does this facility have and promulgate a policy on the handling, disposal and management of pollutants? Yes No
- F. Does this policy include monitoring of how employees dispose of hazardous materials (i.e., mercury)? Yes No
- G. Does this policy include monitoring of how employees dispose of hazardous waste? Yes No
- H. Is each container of hazardous chemicals in the workplace legibly labeled, tagged or marked? Yes No

5. Miscellaneous

- A. Have you ever been sighted by an authority for being in violation of any environmental laws?
If *yes*, give details: Yes No
- B. Are you currently or have you in the past been involved with any environmental litigation?
If *yes*, give details: Yes No
- C. Do you have a program in place for monitoring your environmental liabilities on an on-going basis? Yes No
- D. Are you aware of any asbestos exposures within your facility(s)? Yes No
If *yes*, describe and advise of any future plans of abatement:
- E. If insurance for any of the above sections is the responsibility of other than you, does the other policy(s) include pollution incidents? Yes No
- F. What are the limits of liability? _____
- G. Do you have a certificate of insurance from the insurer verifying this insurance? Yes No

6. Storage Tanks

A. Do you have storage tanks?

Yes No

If *yes*, please complete the chart below in full for each tank.

TANK	1	2	3	4	5	6	7	8	9	10
Capacity of tank (gallons)										
Age of tank (years)										
Installation date (months/year)										
Was the tank new upon installation?										
Was tank precision tested after installation?										
Material stored in tank (indicate by (X) under appropriate tank):										
Gasoline										
Diesel										
Kerosene										
Heating oil										
Other:										
Construction of tank (indicate by (X) under appropriate tank):										
Tank in vault										
Doubled walled tank										
Fiberglass Steel Coated										
Cathodically protected steel										
Fiberglass										
Fiberglass lined steel tank										
Spill/Overfill protection?										
Leak detection?										
Are tanks in compliance with State and Federal regulations?										
How often are tanks tested?										

B. Environmental Factors:

- i. What is the distance to the nearest surface water source? _____
- ii. What is the distance to the nearest drinking water source? _____
- iii. What is the depth to the groundwater? _____
- iv. What is the distance to the sewer line hook-up? _____

Consent to Conditions of Consideration of the Application for Insurance

I accept the following conditions during the processing and consideration of my application—regardless of whether or not I am granted insurance—and for the duration of the insurance which may be issued to me:

To the fullest extent permitted by law, I extend absolute immunity to, and release ProAssurance, its directors, officers, agents, employees and other authorized representatives from any and all liability for any acts pertaining to my application for insurance, including ultimate cancellation, rejection, or approval for insurance, and any communications, reports, records, statements, documents, or disclosures, including otherwise privileged or confidential information, made or given in good faith with respect to such application.

Important: Incomplete or incorrect information could require retroactive upward premium adjustment and, in the event of a claim, could lead to a denial of coverage. The following is an Authorization to Release Information which requires your signature. Please read it carefully.

Name: _____ Title: _____

Signature: _____ Date: _____

Insurance Agent/Broker (if applicable):

Agent: _____

Phone: _____

Agency: _____

Fax: _____

Address: _____

Email: _____

License No.: _____

Signature: _____