

TATA - AIG

Proposal form for Pollution Legal Liability

INSTRUCTIONS

A. This questionnaire 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 questionnaire 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 questionnaire 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 TATA - AIG for assistance.

Date: _____

Completed By: _____

Contacts: _____

COMPANY NAME AND ADDRESS:

DESCRIPTION OF PRINCIPAL OPERATIONS:

- Describe the principal business at this location.
- Ask account contact if they have anything in writing describing their operations (Brochures, Marketing Materials, etc.).
- Ask contact for a site plan/site diagram and attach, if available.

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

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3. 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:

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

5. 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

6. 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.)

7. 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)?

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8. *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.

9. *Have there been any previous pollution events on the Site (i.e spills, releases, fires, explosions)?* Yes () No () If “Yes”, please provide available documentation

10. *Is there any existing soil or groundwater contamination on-site?* Yes () No ()
If “Yes”, please provide available documentation

11. *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.

12. *Are there any environmental lawsuits pending against the site?* Yes () No ()
If “Yes”, please provide available documentation

13. *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?

14. *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?

15. *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

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16. ***Does the facility have a Wastewater Permit?*** Yes () No () N/A ()

- What types of wastewater does the facility produce (i.e. Storm water run-off, 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.):

17. ***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:

18. ***Does the facility have any other environmental permits?*** Yes () No () N/A ()

- If “Yes”, describe the other permits:

19. ***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.

20. ***Has the facility received any notices of violation?*** Yes () No () N/A ()

- If “Yes”, what fines were levied against the company?
- What steps were taken to correct the problems?

21. ***Has the facility received any Consent Orders?*** Yes () No () N/A ()

- If “Yes”, what fines were levied against the company?
- What steps were taken to correct the problems?

22. ***Has the facility received any other environmental violations?*** Yes () No () N/A ()

- If “Yes”, what fines were levied against the company?
- What steps were taken to correct the problems?

23. ***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

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- 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?

24. *Is the company planning on divesting any location during the upcoming policy period?* Yes () No () N/A ()

- If “Yes”, provide details on which locations.

25. *Does the company anticipate redevelopment or development projects at any sites during the upcoming policy period?* Yes () No () N/A ()

- If “Yes”, provide information on these planned projects.

1. *Has waste historically been transported & disposed of off-site?* Yes () No () N/A ()

If “Yes”, please provide the following:

- What Type of off-site waste disposal/treatment facility(ies) does the company use?
- Landfill Yes () No () N/A ()
- Surface Impoundment Yes () No () N/A ()
- Deep well injection Yes () No () N/A ()
- Waste Incineration Yes () No () N/A ()
- Other _____
- Name and address of the disposal/treatment facility(ies) used
- Description on the type of material disposed
- Quantity
- Does the disposal site have a waste permit

2. *Are 3rd Party Carriers used to transport waste or products off-site?*

- Provide the names and address of the 3rd Party Carrier.
- Type of Material transported
- Amount of material
- Number of trips/year
- Distance/trip
- Does the 3rd party carrier load or unload the material?
- Yes () No () N/A () If “Yes”, please provide their procedures.
- Transporter selection procedures
- Does the transporter have insurance coverage? If so what type?
- Is the company named as additional Insured on the policy?

3. *Are non-owned locations used to store products?*

- Provide the names and address of the 3rd Party Locations
- Type of Material Stored
- Amount of each material
- Packaging for material
- Description of facilities (flooring, storage facilities, secondary containment structures, fire protection, special handling procedures)

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- Are there dedicated areas for your products?
- Are there any known environmental liabilities at the 3rd Party Locations?
- Do the 3rd Party Locations have insurance coverage? If so what type?
- Are the owners of the 3rd Party Locations additional insured on the policy?

4. Do you (insured) transport Products off-site with owned vehicles? Yes () No () N/A ()

If “Yes”, please provide the following:

- Description on the type of products transported
- Quantity
- How is the product shipped?
- Containers, drums, bulk, etc
- Trailer, rolling stock, ship, etc.
- Who performs the loading and unloading?
- Number of trips/year
- Distance/trip
- Driver training procedures
- Driver selection procedures and driver record review

PLEASE COMPLETE THE QUESTIONS BELOW WHEN REQUESTING THE FOLLOWING COVERAGE:

Coverage Underground Storage Tanks

1. Description of the underground storage tank areas:

- How many underground storage tanks are there on-site?
- What is the capacity of each underground storage tank(s)?
- What do the underground storage tanks contain (attach a list of all aboveground tanks and their contents if available)?
- What is the construction of the underground storage tanks?
- What is the age of the tanks?
- Is leak detection provided for each tank? Yes() No ()
- If “Yes”, what type of leak protection is provided for the underground storage tanks?
- 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 (attach a copy of the last inspection to this report)?
- When was the last tank/vessel inspections conducted?
- Describe or attach any Tank Management Program the company has in place?
- Do each of your underground storage tanks comply with local regulations (upgrade, monitoring requirements)?

Additional Details: (compulsory)

Nationality: Indian ☐ Non – Indian ☐

If Non-Indian, please specify Country:

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Type of Organization

Corporations ☐ Governments ☐ Non Governmental Organizations ☐ Society ☐
International Organization ☐ Trust ☐ Partnership ☐ Cooperatives ☐
Section 25 Company ☐

OTHER INFORMATION

1. PAN CARD Number (10 Digit Number)

2. Sources of funds :

☐ Salary ☐ Business ☐ Investments ☐ Other (Please Specify)

3. GSTN No

Section 41 of Insurance Act 1938 (Prohibition of rebates)

1.No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer."

2.Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Declaration

The Applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of Insurer's quotation and Insurer's written agreement to be bound, is required to bind coverage and to issue policy. It is agreed that this form shall be the basis of the contract should a policy be issued, and will be attached to the policy.

All written statements and materials furnished to the Insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail.

I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any

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competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

I / we are not Politically Exposed Persons * nor are their close relatives / family members / associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons. "Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me/us. I/we have understood these and confirm to abide by the policy terms & conditions.

Signed.....

Title

(to be signed by a director of the Company)

Place:

Date:

Vernacular Declaration by the intermediary
(Certification in case the proposer has signed in vernacular/thumb print):

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Authorized employee of the Broker/ Relationship Officer of the Broker, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/ response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Name of the specified Person and code:

Place:

Date:

Signature of Agent/ intermediary:

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