



IMPORTANT NOTICE

The information provided in this proposal will form the basis of any contract of insurance entered into. Please read the following notices carefully and ensure you answer all questions in full and read and sign the Declaration at the end.

FOR CLAIMS MADE INSURANCE

This is a proposal for a 'Claims Made' policy of insurance. This means that the policy covers you for any claims made against you and notified to the insurer during the policy period. The policy does not provide cover in relation to:

- pollution conditions that occurred prior to the retroactive date (if one is specified) in the policy;
- any claim made, threatened or intimated against you prior to the commencement of the policy period;
- any claim or fact that might give rise to a claim, reported or which can be reported to an insurer under any insurance policy entered into before the commencement of the policy period;
- any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal;
- any claim arising out of any fact you are aware of before the commencement of the policy period;
- any claim made against you after the expiry of the policy period.

However, the effect of Section 40(3) of the Insurance Contracts Act 1984 (Cth) is that where you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the policy period, of any facts which might give rise to a claim against you, any claim which does arise out of such facts shall be deemed to have been made during the policy period, notwithstanding that the claim was made against you after the expiry of the policy period.

DISCLOSURE

Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof: you are to disclose in the application, fully and faithfully, all the facts which you know or ought to know, otherwise we may be entitled to reduce our liability under the policy or cancel the contract. In the case of fraudulent non-disclosure, we may have the option of avoiding the contract from its beginning. In either case, you may receive nothing from the policy.

PRIVACY NOTICE

Liberty Specialty Markets Singapore Pte Limited (UEN 201538069C) (Liberty) is an insurer authorised by the Monetary Authority of Singapore to conduct insurance business in Singapore. It is a member of the United States-based Liberty Mutual Group. Liberty's contact details are:

Address: One Raffles Quay, #37-02 North Tower, Singapore 048583

Phone: +65 6622 9160

Liberty is bound by the Personal Data Protection Act 2012 when it collects and handles your personal data.

Liberty collects personal data, including from insurance brokers, in order to provide its services and products, manage claims and for purposes ancillary to its business. Liberty passes it to third parties involved in this process such as Liberty's related companies, reinsurers, agents, loss adjusters and other service providers. We may store your information with third party cloud or other types of networked or electronic storage providers. Third parties may be located locally or overseas in the United States, Canada, United Kingdom, Hong Kong, Australia and Malaysia. Your information may be transferred to countries without comparable data protection laws if it is reasonably necessary to provide you with the products or services you seek from Liberty. If you do not provide the personal data Liberty or other relevant third parties require to offer you specific products or services, Liberty may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal data, make a personal data complaint, or if you have any query about how Liberty collects or handles your personal data please write to Liberty's Privacy Officer at the address above or by emailing: privacy.officer.ap@libertyglobalgroup.com. To obtain a copy of Liberty's Privacy Policy go to Liberty's website (www.libertyspecialtymarkets.com.sg) or request a copy from Liberty's Privacy Officer.

When you give Liberty personal or sensitive information about other individuals, Liberty relies on you to provide its Privacy Notice to them. If you have not done this, you must tell Liberty before you provide the relevant data.



INSTRUCTIONS

Important: Please answer all questions <u>fully</u>. If any section does not apply, please indicate with N/A. All questions will be deemed to be answered in respect of all entities & persons to be insured under this policy. If the space provided is insufficient please include attachments on your company letterhead.

This application must be signed and dated by an owner, principal or other duly authorised person. Please submit the following with this application:

Environmental Audit Reports for each location requiring coverage (if available)
Information on any previous environmental coverage and environmental loss experience
Environmental site management plan

Coverage Desired

Same coverage, limits and deductibles as per expiring policy

Please identify additional coverage desired and/or changes to expiring limits and deductibles

APPLICATION FOR FIXED SITE POLLUTION LIABILITY

THE INSURED

1.	Named Insured					
2.	Postal Address					
3.	Period of Insurance	e				
4.	From:		at 4pm	at 4pm Local Standard Time		
	То:		at 4pm	Local Stand	lard Time	
	Are there any new/additional parties to be noted on the policy?			s	No	
	If Ves inlease describe their relationship to the Insured:					



5.	Are there any additions or amendments to the designated in the current policy?	Covered Locations	Yes	No
	If Yes, please identify:			
6.	Are there any changes to the operations at the designated in the current policy?	Covered Locations	Yes	No
	If Yes, please identify:			
7.	Have any updated Environmental Reports been conducted during the current policy period? E.g. Monitoring Reports, Audits, Surveys, etc.			
C	If Yes, please provide details and copies of the repor OVERAGE DETAILS	ts		
8.	Are there any changes to the insured limits, dedurequired?	ctibles or coverage	Yes	No
	If Yes, please complete questions 9, 10 and 11:			
9.	Limits			
	Occurrence Limit	Aggregate Limit		
	\$	\$		
10.	Deductible			
	\$			
If you require further ontions, please discuss with your broker				

- 11. Please select required coverage:
- a. Clean-up Costs Resulting from New Pollution Conditions
- b. Clean-up Costs Resulting from Pre-Existing Pollution Conditions
- c. Bodily Injury and Property Damage Resulting from Pollution Conditions
- d. Bodily Injury, Property Damage and Clean-up Costs Resulting from Transported Cargo If selecting this coverage option, please complete question 12



e. Business Interruption Expense Caused by Pollution Conditions

Ť.	Crisis Containment Expenses resulting from Pollution Conditions			
12.	Coverage Option D - "Transported Cargo" Additional Questions			
a.	umber of Licensed Motor Vehicles:			
b.	Please attach your Motor Vehicle list			
C.	Are hazardous materials transported?		Yes	No
	If Yes, please provide a description of such materials			
d.	Please provide a description of all cargo being transported:			
e.	Do you perform vehicle maintenance on site or is it provided by a the party?	nird	On-site	Off-site
	Please describe:			
f.	Distance travelled:			
i.	Owned / Leased:			
ii.	Third Party:			
Cl	LAIMS INFORMATION			
14.	At the time of signing this application, does the company know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against the company for environmental clean-up or response, or for bodily injury or property damage arising from the release of pollutants into the environment? If Yes, please describe:	Yes	No	

DECLARATION

(To be signed by a partner or director.)

I, the undersigned, declare and acknowledge:

- that I am, after enquiry, authorised by all person(s) or entities seeking insurance, to make this proposal;
- that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and I have not withheld any material information from this proposal
- that this proposal and any accompanying documents shall form or partly form the basis of the contract proposed.
- that until a Contract of Insurance is entered into, I am obliged to inform Liberty Specialty Markets of any changes to any information supplied or of any new information that is relevant;
- that I understand Liberty ISpecialty Markets relies on the accuracy of the information and documentation supplied proposing for this insurance;
- that I have read and understood the Important Notices which form part of this proposal;
- that I understand that no insurance is in force until a Contract of Insurance is entered into, which is upon the Proposer's acceptance of an offer by Liberty Specialty Markets, if any.

Signed

Print Name

Title

Dated

HAVE YOU REMEMBERED TO ATTACH THE FOLLOWING?

Environmental Audit Reports for each location requiring coverage (if available)
Information on any previous environmental coverage and environmental loss experience
Environmental site management plan



APPENDIX A – ADDITIONAL LOCATIONS TO BE ADDED TO THE POLICY

Address	Current Land Use	Prior Land Use	Surrounding Land Use	
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APPENDIX B – STORAGE TANKS

21. Are tanks present at your site?

If Yes, please complete

Above or below Year installed Tank Capacity Tank Construction Contents of Tank Condition of Tank Type of leak detection