

Pollution Liability

Term: October 1, 2022 to October 1, 2023

Company: Illinois Union Insurance Company
(Rated A+ XV by A.M. Best)

Covered Locations: Per PF-44913 (09/14) Schedule of Covered Locations Schedule Endorsement

Limits of Liability:

Coverage Section	Limit of Liability	Retention	Retroactive Date
Coverage A – New Pollution Conditions Coverage			See Schedule of Covered Locations
Per Pollution Condition	\$2,000,000	\$25,000	
Aggregate All Pollution Condition	\$3,000,000		
Coverage B – Covered Operations Pollution Conditions Coverage			10/1/2015
Per Pollution Condition	\$2,000,000	\$25,000	
Aggregate All Pollution Condition	\$3,000,000		
Total Policy Aggregate	\$3,000,000		

Coverage:

1. Remediation Cost
2. Compensatory Damages
3. Legal Defense Expense

Notes of Importance:

1. Covered sites are all locations listed on the Statement of Values provided to Illinois Union and not excluded by the policy wording.
2. Covered pollution conditions must commence after the retro date of this policy and before the end of the policy period.
3. Material misrepresentation by the insured voids this policy.
4. No flat cancellation – policy is subject to a 100% minimum earned premium.
5. Premium is not subject to audit.
6. This insurance is issued pursuant to the Florida Surplus Lines Laws. Entities insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent, unlicensed insurer.

Requirements that must be met **PRIOR** to binding:

1. Must have completed and signed TRIA form.
2. Must have completed and signed Chubb Environmental Application.

Pollution Liability

Form Number:	Edition Date	Form Description:
PF-44887b	08/18	Premises Pollution Liability Insurance Policy
PF-44953	09/14	Named Insureds (Broad-Controlled Chain) Endorsement
PF-44891	09/14	Schedule of Additional Insureds (Broad) Endorsement
PF-44916	09/14	Covered Storage Tank Schedule (Financial Responsibility)
PF-44917a	03/20	Dedicated Defense Aggregate Limit Endorsement
PF-44927a	01/17	Exposure-Specific Dedicated Limits for Financial Responsibility (ASTs-Via General Aggregate Sublimit-Annual) Endorsement
PF-44944	09/14	Indoor Environmental Conditions Limitations Endorsement
PF-47994	07/16	Lead Exclusionary (Potable Water) Endorsement
PF-44957	09/14	Notice of Cancellation Amendatory (90 Days) Endorsement
PF-54576	01/21	Public Entity Coverage Amendatory Endorsement
PF-44913	09/14	Schedule of Covered Locations Schedule Endorsement
PF-55008	03/21	Communicable, Infectious or Contagious Diseases Exclusionary Endorsement
PF-53478	04/20	Other Insurance Amendatory (Primary-Exceptions) Endorsement
SL-44730a	01/16	Service of Suit Endorsement – Florida
ALL-21101	11/06	Trade or Economic Sanctions Endorsement
LD-5S23k	03/21	Signatures
SL-24680	10/09	Florida Surplus Lines Notification
ALL-5X45	11/96	Questions About Your Insurance?
ALL-20887a	03/16	Chubb Producer Compensation Practices & Policies
ILP 001	01/04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders

If Insured elects to purchase Terrorism coverage per the attached disclosure letter for the additional premium indicated, the following endorsements will apply:

- PF-23728b (02/20) Terrorism Risk Insurance Act Endorsement
- TRIA11e (08/20) Disclosure Pursuant to Terrorism Risk Insurance Act

If the insured elects to decline Terrorism coverage per the attached disclosure letter, the following endorsements will apply:

- TRIA24a (08/20) Policyholder Disclosure Notice of Terrorism Insurance Coverage

Pollution Liability

Claims Made Policy:

When a policy is on a claims-made basis, coverage triggers based on the actual filing date or receipt of the claim, in addition to the date of loss or injury. It handles any insured loss or claim filed during the policy period, regardless of when the actual loss or injury occurred, subject to the retroactive date on the declarations. Claims-made coverage applies only to covered losses that occur after the retroactive date.

Extended Reporting Periods:

ACE provides the following Extended Reporting Periods options in the event coverage is cancelled or non-renewed:

Basic Extended Reporting Period – continued coverage granted for a period of 60 days following the effective date of termination or nonrenewal, but only for Claims first made during the 60 days and arising from Wrongful Acts taking place prior to the effective date of the termination or nonrenewal.

Optional Extended Reporting Period – The Public Entity shall have the right, upon payment of up to 200% of the expiring premium, to purchase an Optional Extended Reporting Period, for the period of 34 months following the effective date of the cancellation or nonrenewal, but only for Claims first made during the Optional Extended Reporting Period and arising from Wrongful Acts taking place prior to the effective date of the termination or nonrenewal.



Premises Pollution Liability Insurance Policy

Application

Instructions:

- Please type or print clearly.
- Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the space.
- Provide any supporting information on a separate sheet using the Applicant's letterhead and reference the applicable question number.
- Check Yes or No answers.
- This form must be completed, dated and signed by an authorized representative of the Applicant.

Required Attachments:

- Please provide copies of the Applicant's past two (2) years of audited financial statements and annual reports.
- Summary of Environmental Site Assessments/Remediation (past, current, planned)
- Tank Inventory Lists (check here if not applicable)
- Permit Schedule (check here if not applicable) (Air or water discharge permits, hazardous waste storage permits, on-site disposal permits, etc.)

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy and any endorsement thereto. The policy provides liability coverage on a **CLAIMS-MADE AND REPORTED** basis, which covers only claims first made against an insured and reported to the Insurer, in writing, during the policy period. The policy also provides coverage for remediation costs on a **DISCOVERED AND REPORTED** basis, which covers only pollution conditions first discovered and reported to the Insurer, in writing, during the policy period. Finally, **LEGAL DEFENSE EXPENSES** are subject to and **SHALL ERODE** the limits of liability of this policy.

1. Name of Applicant: City of North Port

Principal Contact: Sandy Knowles E-mail Address: sknowles@cityofnorthport.com

Principal Contact Regarding Mold, Asbestos and Lead Health & Safety Issues: _____

Mailing Address: 4970 City Hall Blvd

North Port, FL 34286

Telephone #: 941-429-7135 Fax #: _____

URL: http:// www.cityofnorthport.com Date Established: 1959

The Applicant is: Corporation Partnership Joint Venture LLC/LLP

Other: Municipality

2. Subsidiary, predecessor, acquired, parent, affiliated, or merged firms for which coverage is requested:

Name of Firm:	Date of Formation or Transaction:	# of Professional Staff that Joined the Applicant:	% of Firm Annual Billings Assigned to the Applicant:

3. Details of covered locations: *(continue on a separate sheet, if necessary)*

Company Name:	Street Address City, State Zip Code:	Standard Industrial Classification Code: SIC	Year Operations Began:	Facility Size: (acres or square feet)	Known Pre-existing Contamination Present? :
See attached Property Schedule					

- a. If "Yes" is indicated above with respect to Known Pre-Existing Contamination Present, please provide details on a separate sheet. Include at a minimum:
- Prior Environmental Site Assessments (dates);
 - Past, current, planned sampling/remediation; etc.

4. Applicant's total gross revenues as filed in its latest tax return, excluding recovered expenses:
 \$32,655,234 for the period ending: month 9 year 2021

5. Applicant's estimated gross revenues for the current fiscal year: \$30,951,490

6. Desired effective date of coverage: 10/1/2022

7. Limits of Liability and Self-Insured Retention requested:

Limits of Liability:	Self-Insured Retention:
Per Pollution Condition: <u>\$2,000,000</u>	Per Pollution Condition: <u>\$ 25,000</u>
Aggregate: <u>\$3,000,000</u>	

8. Within the past five (5) years has the Applicant or any other party to this insurance purchased this type of insurance coverage? YES NO

a. *If "Yes" is indicated above, please provide detailed information regarding any such coverage and all available loss information as an attachment to this application.*

9. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the Applicant or any other party to the proposed insurance? YES NO

10. Does the Applicant or any other party to the proposed insurance have knowledge

of any pollution conditions at any of the proposed covered locations? YES NO

11. Does the Applicant or any other party to the proposed insurance have knowledge of injury to people or damage to property during the last five (5) years on or at projects where the Applicant or any other party to the proposed insurance performed operations? YES NO

12. Does the Applicant or any other party to the proposed insurance have knowledge of any claims made or pollution conditions during the last five (5) years resulting from the transportation of the Applicant's or any other party's waste, goods or products? YES NO

13. Does the Applicant or any other party to the proposed insurance have knowledge of any claims made with respect to pollution conditions on, at, under or migrating from any disposal sites to which the Applicant's or any other party's waste is currently being, or has historically been, taken for recycling or disposal? YES NO

14. At the time of signing this application, is the Applicant or any other party to the proposed insurance aware of any circumstances that may reasonably be expected to give rise to a claim against the Applicant or any other party to the proposed insurance from the release of pollutants? YES NO

If "Yes" is indicated with respect to questions 9., 10., 11., 12., 13. and/or 14., above, please provide a detailed description of the claim or circumstance (indicate the alleged incident, location, date, type of injury, etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.

***IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.**

Supplemental Information for Storage Tank Coverage

If you are seeking coverage for pollution conditions emanating from storage tanks, please complete the following.

If you are not, please confirm that the items below are not applicable by checking here:

15. Are all of the storage tanks to be covered pursuant to this insurance (hereinafter Storage Tanks) compliant with all applicable federal, state and local laws and regulations? YES NO

a. *If "No" is indicated above, please provide a written explanation of outstanding compliance issues as an attachment to this application.*

16. Are any of the Storage Tanks located within the State of Florida? YES NO

17. If the Applicant answered "Yes" to Question 16., above, are any of the Florida-based Storage Tanks single-walled storage tanks (i.e., bare steel tanks, steel tanks with cathodic protection, STIP ¾ tanks or tanks operating under ACT 100), regardless of whether such single-walled storage tanks have any form of tank lining? YES NO

18. Have any other storage tanks been removed or closed-in-place in the locations where the Storage Tanks are currently situated? YES NO

a. *If "Yes" is indicated above, please provide detailed information identifying the specific storage tanks to be covered pursuant to this insurance, which are situated at the common location.*

19. Will any of the Storage Tanks be removed, closed or upgraded within the next eighteen (18) months? YES NO

Supplemental Information for Lead-Based Paint and Asbestos Coverage

If you are seeking coverage for liability arising out of bodily injury or property damage resulting from exposure to Lead-Based Paint and/or Asbestos, complete the following.

If you are not, please confirm that the items below are not applicable by checking here:

- 20. Do any of the buildings located at the proposed covered locations contain lead-based paint? YES NO
- 21. If the Applicant answered "Yes" to Question 20., above, does the Applicant or any other relevant party to the proposed insurance have a lead-based paint management plan in place to address the lead-based paint? YES NO
 - a. *If "Yes" is indicated above, please provide a copy of any such plan(s) as an attachment to this application.*
- 22. Do any of the buildings located at the proposed covered locations contain asbestos or asbestos-containing materials (ACM)? YES NO
- 23. If the Applicant answered "Yes" to Question 22., above, does the Applicant or any other relevant party to the proposed insurance have an asbestos management plan in place to address the asbestos? YES NO
 - a. *If "Yes" is indicated above, please provide a copy of any such plan(s) as an attachment to this application.*
- 24. Have any health concerns been raised, or any claims been made, with respect to the presence of lead-based paint, asbestos or asbestos-containing materials at any of the buildings located at the proposed covered locations? YES NO
 - a. *If "Yes" is indicated above, please provide detailed information regarding the health concerns and/or claims as an attachment to this application.*

***IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.**

Supplemental Information for Mold, Fungi and/or Legionella Pneumophila Coverage

If you are seeking coverage for Mold, Fungi and/or Legionella Pneumophila, complete the following.

If you are not, please confirm that the items below are not applicable by checking here:

- 25. Do the Applicant and any other parties to the proposed insurance perform due diligence with respect to mold and/or fungi when acquiring or leasing property such as in accordance with ASTM Standard E2418-06 "Standard Guide for Readily Observable Mold and Conditions Conducive to Mold in Commercial Buildings: Baseline Survey Process?" YES NO
 - a. *If "Yes" is indicated above, please provide detailed information regarding the scope of that due diligence as an attachment to this application.*
- 26. Have any of the buildings located at the proposed covered locations ever been identified as having mold, fungi, legionella pneumophila or similar bacteria-related problems? YES NO
 - a. *If "Yes" is indicated above, please provide detailed information regarding the mold, fungi, legionella pneumophila or similar bacteria related problems as an attachment to this application.*
- 27. Have any of the buildings located at the proposed covered locations experienced any water leaks or flooding within the past five (5) years? YES NO
 - a. *If "Yes" is indicated above, please provide detailed information regarding the leaks or flooding as an attachment to this application.*
- 28. Are any of the buildings situated at the proposed covered locations constructed using Exterior Insulation and Finish Systems (EFIS)? YES NO

a. If "Yes" is indicated above, please provide detailed information confirming the applicable locations as an attachment to this application.

29. Do the Applicant and any other parties to the proposed insurance have any mold management and/or water intrusion plans in place? YES NO

a. If "Yes" is indicated above, please provide a copy of any such plan(s) as an attachment to this application.

30. Do employees or members of the Applicant and any other parties to the proposed insurance receive any training regarding the handling of mold, fungi or *legionella pneumophila* or similar bacteria-related issues? YES NO

a. If "Yes" is indicated above, please provide detailed information regarding such training as an attachment to this application.

31. Have any health concerns been identified by, or any claims been made against, the Applicant or any other parties to the proposed insurance with respect to mold, *legionella pneumophila*, similar bacteria-related issues or any other indoor air quality-related issues at buildings located on any of the proposed covered locations? YES NO

a. If "Yes" is indicated above, please provide a brief description of the claim or circumstance (indicate the alleged incident, location, date, type of injury, etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.

***IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.**

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE INSURER THAT IT AND THE OTHER PARTIES TO THIS INSURANCE WILL STRICTLY FOLLOW ANY WATER INTRUSION, MOLD-RELATED, FUNGI-RELATED OR BACTERIA-RELATED OPERATION AND MAINTENANCE PROCEDURES OR PROTOCOLS, INCLUDING ANY WATER INTRUSION, MOLD-RELATED, FUNGI-RELATED OR BACTERIA-RELATED DUE DILIGENCE PROCEDURES OR PROTOCOLS FOR THE ACQUISITION, LEASE OPERATION, MANAGEMENT OR MAINTENANCE OF ANY PROPERTIES, WHICH WERE PROVIDED TO THE INSURER PRIOR TO THE INCEPTION OF ANY COVERAGE APPLIED FOR HEREIN. THE APPLICANT ACKNOWLEDGES THAT THE INSURER'S AGREEMENT TO PROVIDE MOLD, FUNGI AND/OR LEGIONELLA PNEUMOPHILA COVERAGE AS PART OF THE COVERAGE APPLIED FOR PURSUANT TO THIS APPLICATION IS PREDICATED UPON THE APPLICANT'S AGREEMENT TO PROVIDE THIS WARRANTY.

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE INSURER THAT IT AND THE OTHER PARTIES TO THIS INSURANCE WILL STRICTLY FOLLOW ANY LEAD-BASED PAINT OR ASBESTOS OPERATION AND MAINTENANCE PROCEDURES OR PROTOCOLS, WHICH WERE PROVIDED TO THE INSURER PRIOR TO THE INCEPTION OF ANY SUCH COVERAGE APPLIED FOR HEREIN. THE APPLICANT ACKNOWLEDGES THAT THE INSURER'S AGREEMENT TO PROVIDE LEAD-BASED PAINT AND/OR ASBESTOS COVERAGE AS PART OF THE COVERAGE APPLIED FOR PURSUANT TO THIS APPLICATION IS PREDICATED UPON THE APPLICANT'S AGREEMENT TO PROVIDE THIS WARRANTY.

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE INSURER THAT ALL STATEMENTS MADE IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS THERETO, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE INSURER'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

NOTICE TO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND and WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false

information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: 1) by submitting an application, or 2) by filing a claim containing a false statement as to any material fact may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA and WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Signature of Authorized Applicant

Signature of Broker/Agent

Print Name

Print Name

Title

Date

Date

Signed by Licensed Resident Agent
(Where Required By Law)