



ace westchester  
specialty group

## PREMISES POLLUTION LIABILITY APPLICATION

### PREMISES POLLUTION LIABILITY COVERAGE APPLICATION – CLAIMS MADE

Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A".

#### PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:

- 1) Copies of any site specific environmental reports completed during the past 5 years for the covered location(s)
- 2) Audited financial statement and balance sheet from the past two (2) years
- 3) Five years of currently valued loss runs for all lines of coverage

APPLICANT INFORMATION				
NAME OF APPLICANT Aircharters Worldwide, Inc				DATE 09/08/21
MAILING ADDRESS 14970 NW 42 <sup>nd</sup> Ave				
CITY Opa Locka	STATE FL	ZIP CODE 33054	WEBSITE www.airchartersworldwide.com	
PRINCIPAL ENVIRONMENTAL CONTACT Maria Marin		TITLE CEO/ President		
TELEPHONE 305- 537-9433	FAX N/A	EMAIL mmarin@airchartersworldwide.com		
DATE FIRM WAS ESTABLISHED 2013		PARENT COMPANY N/A		
Company is: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Other: _____				

REQUESTED COVERAGE		
COVERAGE REQUESTED <input type="checkbox"/> ONSITE CLEANUP <input type="checkbox"/> OFFSITE CLEANUP <input type="checkbox"/> BODILY INJURY & PROPERTY DAMAGE		PROPOSED EFFECTIVE DATE
PROPOSED RETROACTIVE DATE	PROPOSED LIMITS \$	PROPOSED RETENTION \$

PREVIOUS POLLUTION COVERAGE					
Current Carrier	Effective Dates	Limits	Retention	Retroactive Date	Premium
N/A	to	\$ / \$	\$		\$
N/A	to	\$ / \$	\$		\$
N/A	to	\$ / \$	\$		\$

HAS ANY INSURANCE COMPANY EVER DENIED, CANCELLED, OR NON-RENEWED POLLUTION LIABILITY COVERAGE?  
☐ YES ☒ NO IF "YES", PLEASE EXPLAIN:

/

ACE Westchester Specialty Group - Environmental Division

500 Colonial Center Parkway, Suite 200 Roswell, GA 30076

WSENV-1402 (04-05)

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**COVERED LOCATION INFORMATION**

PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY.

**COVERED LOCATION INFORMATION**

FACILITY NAME

Signature Flight Support at Opa Locka

STREET ADDRESS

14970 NW 42<sup>nd</sup> Ave

CITY

Opa Locka

STATE

FL

ZIP CODE

33054

SIC CODE:

YEAR STARTED:

2013

ACREAGE:

DESCRIBE CURRENT OPERATIONS AND IF ANY PRODUCTS ARE MANUFACTURED:

Part 135 Operators

DESCRIBE KNOWN HISTORICAL OPERATIONS AT THE LOCATION:

Aviation

FOR THIS LOCATION, PLEASE DESCRIBE ADJACENT PROPERTIES:

NORTH Customs/ Border Patrol

SOUTH 145 Repair Station

EAST Signature FBO

WEST Fountain Blue FBO

DISTANCE TO THE CLOSEST RESIDENTIAL AREA: 5 MilesDISTANCE TO NEAREST BODY OF WATER: 3 MilesTYPE OF WATER BODY (pond, river, stream, etc): Mitchell LakeNUMBER OF GROUNDWATER WELLS: 1TYPE OF WELL (drinking or monitoring): Monitoring (ORT)IS PUBLIC WATER & SEWER PROVIDED AT THIS LOCATION? ☒ YES ☐ NOIS THE LOCATION WITHIN A FLOOD PLAIN ☐ YES ☒ NOARE THERE ANY PLANS FOR FUTURE DEVELOPMENT OF THIS LOCATION? ☐ YES ☒ NO IF YES, PLEASE DESCRIBE.**SHIPMENT INFORMATION**

FOR THIS LOCATION, PLEASE DESCRIBE THIRD PARTY SHIPMENT PROCEDURES:

TYPES OF PRODUCTS SHIPPED: Aircraft Replacement PartsAMOUNT OF PRODUCTS SHIPPED PER WEEK: Varies.

METHOD OF SHIPMENT (RAILROAD, AUTO, TRUCK, BOAT, etc):

ARE PRODUCTS SHIPPED BY PROPERLY LICENSED CARRIERS?

☒ YES ☐ NO**ADDITIONAL INFORMATION**

FOR THIS LOCATION, PLEASE IDENTIFY:

HAZARDOUS MATERIALS/CHEMICALS USED, TREATED, OR STORED? ☐ YES ☒ NO (IF YES, COMPLETE ADDENDUM A)ANY TREATMENT FACILITIES? ☐ YES ☒ NO (IF YES, COMPLETE ADDENDUM B)LANDFILL, TRANSFER STATION, OR RECYCLING FACILITY? ☐ YES ☒ NO (IF YES, COMPLETE ADDENDUM C)UNDERGROUND OR ABOVE GROUND STORAGE TANKS? ☐ YES ☒ NO (IF YES, COMPLETE ADDENDUM D)**If you answer yes to any of the above, a completed addendum will need to be provided.**

### ENVIRONMENTAL INFORMATION

HAVE ANY ENVIRONMENTAL STUDIES, REPORTS, OR AUDITS (SUCH AS AN ENVIRONMENTAL SITE ASSESSMENT) EVER BEEN PREPARED FOR THIS LOCATION? ☐ YES ☐ NO IF YES, PLEASE PROVIDE COPIES WITH THIS APPLICATION.

DOES THE LOCATION HAVE ANY RELEVANT ENVIRONMENTAL PERMITS (RCRA, UST, NPDES, etc.)? ☐ YES ☐ NO IF YES, PLEASE PROVIDE COPIES WITH THIS APPLICATION.

### COMPLIANCE HISTORY

ARE YOU AWARE OF ANY NOTICES OF VIOLATION, FINES, PENALTIES, COMPLAINTS, OR RECEIVED ANY CLAIMS OR SUITS RELATING TO ANY POLLUTION CONDITIONS? ☐ YES ☒ NO  
IF YES, PLEASE EXPLAIN:

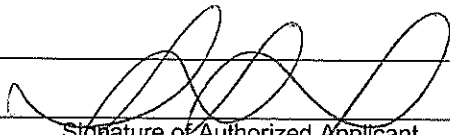
ARE YOU AWARE OF ANY PAST OR PRESENT POLLUTION CONDITIONS, OR ANY CIRCUMSTANCES WHICH MAY REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM? ☐ YES ☒ NO  
IF YES, PLEASE EXPLAIN:

ARE YOU AWARE IF ANY OF THE COVERED LOCATION(S) ARE IN NON-COMPLIANCE OF ANY LOCAL, STATE, OR FEDERAL ENVIRONMENTAL REGULATIONS, STANDARDS, OR STATUTES? ☐ YES ☒ NO  
IF YES, PLEASE EXPLAIN

*\*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 COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, 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 COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT. SUCH AN ACT IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

	
Signature of Authorized Applicant	Signature of Broker/Agent
<b>Maria Alejandra Marin</b>	
Print Name	Print Name
CEO/ President	
Title	Agency Name
<b>09/08/21</b>	
Date	Date

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**ADDENDUM A – CHEMICAL USE, STORAGE, TRANSPORT AND TREATMENT****PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY****COVERED LOCATION INFORMATION****NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:**Aircharters Worldwide, Inc. 14970 NW 42<sup>nd</sup> ave Opa Locka, FL, 33054

FACILITY EPA ID #:

STATE ID #:

DESCRIBE CURRENT PERMITS FOR THIS LOCATION:

**DESCRIBE HAZARDOUS MATERIAL/CHEMICAL USE FOR THIS LOCATION:**

CHEMICAL NAME	AMOUNT ONSITE	AMOUNT USED IN ONE YEAR	METHOD OF STORAGE (drums, etc.)

**DESCRIBE HAZARDOUS MATERIAL/CHEMICAL TREATMENT AND DISPOSAL PROCEDURES FOR THIS LOCATION:**

WASTE TYPE	QUANTITY	TREATMENT/DISPOSAL METHOD

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