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| 🞎 Granite State Insurance Company  🞎 Illinois National Insurance Co. 🞎 New Hampshire Insurance Company  (Each of the above being a capital stock company) | |
| **NOTICE: This is a claims made policy. Except to such extent as may otherwise be provided herein, the coverage of this policy is limited to liability for only those claims that are first made against you and reported in writIng to us during the policy period. Please read the Policy Carefully and discuss the coverage thereunder with your insurance agent or broker.** POLLUTION LIABILITY DECLARATIONS KENTUCKY | |
| **PRODUCER**: |  |
| NAMED INSURED:  MAILING ADDRESS:  POLICY PERIOD: FROM TO AT 12:01 A.M. TIME AT YOUR MAILING ADDRESS SHOWN ABOVE | |
| IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. | |
| **LIMITS OF INSURANCE** | |
| OVERALL AGGREGATE LIMIT: $XXXXXXX  “CLEAN-UP COSTS” AGGREGATE LIMIT: $1,000,000  EACH “POLLUTION INCIDENT” (“CLEAN-UP COSTS” ONLY) LIMIT: $1,000,000  EACH “POLLUTION INCIDENT” (OTHER THAN “CLEAN-UP COSTS”) LIMIT: $XXXXXXX  “ABOVE-GROUND STORAGE TANK CLEAN-UP COSTS” AGGREGATE LIMIT: $XXXXXXX  EACH “POLLUTION CONDITION” LIMIT: $XXXXXXX | |

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| **RETROACTIVE DATE** |
| PARAGRAPH 1. OF SECTION I OF THIS INSURANCE DOES NOT APPLY TO “BODILY INJURY” OR “PROPERTY DAMAGE” CAUSED BY A “POLLUTION INCIDENT” OR “POLLUTION CONDITION” THAT COMMENCES PRIOR TO THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.  RETROACTIVE DATE:  (ENTER DATE OR “NONE” IF NO RETROACTIVE DATE APPLIES) |

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| **DESCRIPTION OF BUSINESS** |
| FORM OF BUSINESS:  INDIVIDUAL  PARTNERSHIP  JOINT VENTURE  LIMITED LIABILITY COMPANY  ORGANIZATION, INCLUDING A CORPORATION (BUT NOT IN-  CLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY  COMPANY)  BUSINESS DESCRIPTION AND ADDRESS OF INSURED SITE: |
| **DEDUCTIBLES** |
| DEDUCTIBLE AMOUNT: $  (ENTER AMOUNT OF DEDUCTIBLE OR “NONE” IF NO DEDUCTIBLE  APPLIES) |

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| **EPA IDENTIFICATION & PREMIUM** |
| EPA IDENTIFICATION NUMBER (IF APPLICABLE):  ADVANCE PREMIUM $  KY STATE SURCHARGE $  KY Local Government Premium City Tax $ \_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL PREMIUM $  PREMIUM SHOWN IS PAYABLE: AT INCEPTION $ \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **ENDORSEMENTS** |
| ENDORSEMENTS ATTACHED TO THIS POLICY:  See Schedule of Forms and Endorsements |

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| **THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.** | |
| Endorsement Effective: | Countersigned By:  (Authorized Representative) |
| Name Insured: |