



*XL Environmental, Inc.*  
505 Eagleview Boulevard  
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Exton, PA 19341-0636  
USA

Tel: 800-327-1414

Fax: 610-458-6644

[www.xlenvironmental.com](http://www.xlenvironmental.com)

#### **APPLICANT INSTRUCTIONS:**

1. Answer all questions; leave no blank spaces.
2. If any questions do not apply, or the answer is "no", please indicate.
3. Most recent Audited Financial Statement or provide link on the application
4. Ground Water/Landfill or Gas monitoring testing reports for landfills
5. complete and return the XL Pollution application to  
[Debbie Young@wrmlc.com](mailto:Debbie.Young@wrmlc.com)



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## PUBLIC RISK MANAGEMENT OF FLORIDA

This Application Is For A "Claims-Made and Reported" Pollution and Remediation Legal Liability Policy Or A "Claims-Made and Reported" Pollution Legal Liability Policy-PLEASE READ IT CAREFULLY.

1. **APPLICANT:** City of Avon Park  
Address: 110 East Main Street  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: 863-452-4403 Fax: 863-452-4413  
Website: cityofavonpark.cc

2. **APPLICANT IS:**  County  City  Other \_\_\_\_\_

3. **OPERATING EXPENDITURES: Estimated** (Ensuing Year): \_\_\_\_\_ \$ 4,800,000 Utility Fund  
Previous Year: \_\_\_\_\_ \$ 4,600,000 Operating Budget

4. **POPULATION:** 9600

5. **PROPERTIES TO BE COVERED:** Provide a list of locations to be covered

6. **RECORD:**

a. Have you during the last five (5) years been cited and/or prosecuted for contravention or violation of any standard or law relating to a release from any of your location(s) of any substance into sewers, rivers, seas, air or onto land?  Yes  No If yes, give details: \_\_\_\_\_

b. Please describe any pollution claims during the last five- (5) years (if none please so state): NONE

c. At the time of signing this Application, are you aware of any known contamination on-site or of any circumstances which may reasonably be expected to give rise to a claim under the pollution liability policy?  Yes  No If yes, give details: \_\_\_\_\_

d. Have any prior environmental audits or studies been done for this applicant?

(Attach Copies)  Yes  No

e. Has any insurance carrier canceled or nonrenewed pollution liability coverage?

Yes  No If yes, give details: \_\_\_\_\_

7. Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment, which apply to any of your locations, with which you cannot at present comply?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

8. Describe any groundwater monitoring activities at any of your locations (Attach results of most recent sampling event):

Only as required by the City's Wastewater Permit

9. Describe the environmental due diligence procedures that you perform before you purchase, foreclose on or accept newly acquired properties:

Site one evaluation "Environmental" assesment. If necessary as a result of the site one evaluation, then we would perform a site two evaluation.

10. UNDERGROUND STORAGE TANKS (USTs) & ABOVEGROUND STORAGE TANKS (ASTs):

a. Do any properties have storage tanks?

Yes  No If yes, please complete Section A, Storage Tank Schedule

Note: - Attach the most recent tank tightness test for each UST

- Identify any UST which does not meet the 1998 Federal UST Upgrade Requirements

11. DO YOU OWN OR OPERATE ANY PRESENT OR FORMER LANDFILLS?  Yes  No If yes, how many?

1. Please complete the attached Section B for each landfill.

12. DO YOU OWN OR OPERATE ANY WATER OR WASTEWATER TREATMENT FACILITIES?  Yes  No If

yes, how many? \_\_\_\_\_. Please complete the attached Section C.

13. DO YOU OWN OR OPERATE ANY AIRPORTS?  Yes  No If yes, how many? \_\_\_\_\_.

Please complete the attached Section D.

14. DO YOU OWN OR OPERATE ANY MARINAS?  Yes  No If yes, how many? \_\_\_\_\_.

Please provide the address for each Marina location:

Address	Fuelling Operation?
<i>NONE</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

15. DO YOU OWN OR OPERATE ANY GOLF COURSES?  Yes  No If yes, how many? \_\_\_\_\_.

16. OPTIONAL COVERAGES DESIRED?  Yes  No If yes, please complete the attached Section E.



**SECTION B**  
**LANDFILLS**  
**ADDITIONAL INFORMATION**

1. **What is the name and address of this landfill:** Clarification - We have a "Yard Waste Facility" it is not considered a Landfill.
2. **Is this landfill**  **opened or**  **closed?**
3. **Please provide a breakdown of the following:**  
Permitted Acres = \_\_\_\_\_  
Active Acres = \_\_\_\_\_  
Closed Acres = \_\_\_\_\_  
Buffer Zone Acres = \_\_\_\_\_  
Total Site Acres = \_\_\_\_\_
4. **When was the landfill first opened?** \_\_\_\_\_
5. **Does the landfill meet all RCRA Subtitle D requirements?**  Yes  No If no, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. **What types of wastes have been accepted:**  
In the past: \_\_\_\_\_  
Presently: \_\_\_\_\_
7. Does the landfill have a liner?  Yes  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
8. Does the landfill have a leachate monitoring/collection system?  Yes  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
9. Does the landfill have a methane gas monitoring/collection system?  Yes  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
10. Describe the QA/QC procedures for inspecting incoming waste: \_\_\_\_\_  
\_\_\_\_\_
11. Are there any groundwater monitoring wells on-site?  Yes  No If yes, attach monitoring results for the past year as well as a map showing location of each monitoring well

**SECTION C**

**WATER/WASTEWATER TREATMENT FACILITIES**

**ADDITIONAL INFORMATION**

**1. WATER TREATMENT PLANTS:**

- a. What are the: average daily flow (in MGD) 1,008,000 and the max capacity at the facility (in MGD)? 5,000,000.
- b. How many people does the facility service? 8600 - 19,000
- c. Detail the treatment process utilized at the facility (be specific): Raw water pumped from 1100ft well, then chlorine + poly-phosphate injected, then pumped to customer thru distribution.
- d. How many pump/booster stations are used by the facility? 8 booster stations, 4 high service pumps
- e. Describe the type, amount, and storage method of any hazardous materials stored on-site: Liquid Chlorine inside a storage containment - two 500lb tanks
- f. What source is used for the water supply? Ground water from Municipal Well - Florida Aquifer
- g. Describe the frequency and type of analysis conducted on the water prior to distribution: Daily water samples, monthly, quarterly, yearly based on the FDEP regulatory requirement.

**2. WASTEWATER TREATMENT PLANTS:**

- a. What are the: average daily flow (in MGD) 750,000 and the max capacity at the facility (in MGD)? 850,000  
working on permit expansion to 1,500,000.
- b. How many people does the facility service? 8000
- c. Detail the treatment process utilized at the facility (be specific): Woodworks, aerator, clarifiers, treated effluent with chlorine. Excess sludge is wasted out of plant.
- d. How many pump/lift stations are used by the facility? 20
- e. Describe the type, amount, and storage method of any hazardous materials stored on-site: Chlorine in double wall tank.
- f. Does the facility accept any industrial or pretreated wastewater?  Yes  No  
If yes, what percentage of the total throughout does this make up? \_\_\_\_\_
- g. How many miles of sanitary sewer trunk lines is the insured responsible for? Service area 6 square miles  
not sure of miles  
What are their ages? \_\_\_\_\_  
Construction material? \_\_\_\_\_, type, date and results of last inspection performed on the lines? None have been conducted
- h. Are any of the above mentioned sewer lines, combined sanitary/storm sewer lines?  Yes  No
- i. How does the facility dispose of its biosolids/sludge? De-watering Press - Class I Landfill
- j. Identify the discharge point for treated wastewater: On site effluent ponds
- k. Describe the frequency and type of analysis conducted on the treated wastewater prior to discharge: Daily, monthly, quarterly, yearly analysis based on FDEP regulatory requirements.
- l. Detail testing and/or maintenance program for all in-ground treatment process tanks: Annual draining of each tank & inspecting structural concrete walls that are 14" thick.

**SECTION D**  
**AIRPORTS**  
**ADDITIONAL INFORMATION**

1. Is this a  general aviation or  commercial airport?
2. How many runways does the airport have? four
3. What is the largest plane that the airport can accommodate? Challenger 604
4. Approximately how many acres does the airport encompass? 400
5. Does the airport contain a fuel tank farm?  Yes  No If yes, please complete Section A as well as the following questions:
  - a. Who is responsible for maintaining the fuel farm? Under construction - will be self service
  - b. If someone other than you is responsible for the fuel farm, does that entity carry pollution liability insurance to cover their responsibilities of maintaining the fuel tank farm?  Yes  No If yes, list Carrier and limits: \_\_\_\_\_
  - c. Does the plane fueling area have any spill containment devices?  Yes  No If yes, explain: will be double welded Tank
6. Does the airport transport any hazardous materials?  Yes  No If yes, how are the materials stored prior to shipment? \_\_\_\_\_
7. What type of deicing system/chemicals does the airport have? none
  - a. Where are the planes deiced? n/a
  - b. Describe the runoff collection system used for the deicing system: n/a

**SECTION E  
OPTIONAL COVERAGES**

1. List all Non-Owned Disposal Sites (NODS) that you desire coverage for:

Name	Address	EPA ID#

2. List all portable aboveground storage tanks (larger than 55 gallons) that you desire coverage for:

Size	Construction Material	Secondary Containment Description	Content	Mode of Transportation	Time at Job Site
200 gallons	steel-plates	n/a	Diesel	Truck F150	

3. List all Commercial/ Industrial facilities for which coverage is desired:

Address	Description of Operation
none	

4. Other coverage desired not otherwise addressed within this application (please provide details):

none

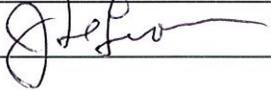
\* The above referenced additional options are subject to satisfactory underwriter review and approval.

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

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

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

Applicant: Julian Deleon Title: City Manager  
Applicant's Signature:  Date: June 14, 2015  
Agent/Broker Name: \_\_\_\_\_