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ENVIRONMENTAL IMPAIRMENT LIABILITY APPLICATION SITE-SPECIFIC POLLUTION LIABILITY

NOTICE: If a policy is issued, the limit of liability available to pay judgements for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible, or retention, amount.

APPLICANT						DATE	
ADDRESS							
CITY				STATE		ZIP	
TELEPHONE				WEB ADDRESS			
Company is an: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER							
ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION: 1) Copies of any environmental audit or assessment reports conducted within the last three years. 2) Three years of audited financial statements. 3) Five years of currently valued loss runs for all lines of coverage.							
COVERAGE REQUESTED: <input type="checkbox"/> Third Party Pollution Liability <input type="checkbox"/> On-Site Cleanup				PROPOSED EFFECTIVE DATE: PROPOSED RETROACTIVE DATE:			
LIMITS OF LIABILITY & DEDUCTIBLE Limits Requested: _____ Deductible Requested: _____							
COMPANY HISTORY							
Date Established: _____							
Have there been any mergers, acquisitions, consolidations or dissolutions?						YES NO	
If YES, explain: _____							
Does the firm have:		Subsidiaries		A Parent Company		Other Related Entities	
If YES, explain: _____							
Do you share employees?		YES NO					
If YES, explain: _____							
PRIOR LIABILITY CARRIER INFORMATION							
COVERAGE	CARRIER	RECEIPTS	LIMITS	DEDUCTIBLE	POLICY TYPE	RATE	PREMIUM
Any policy or coverage declined, cancelled or non-renewed in the last three (3) years?						YES NO	
If YES, explain: _____							

PROPERTY DESCRIPTION			
Location	Please complete the following for all locations to be covered.		Length of Operations
	Acreage	Description of Operations	

Describe current operations:			

List all structures at the site:			

Please provide a list of any additional occupants of the property (owned or leased).			
Provide a description of adjacent properties:			
North: _____			
South: _____			
East: _____			
West: _____			
Identify any nearby surface water bodies, including approximate distance from site:			

Identify any protected or sensitive environments within one mile of the site (parks, schools, wetlands, etc.):			

Is public water and sewer available at the site?		YES	NO
Provide information regarding any mandatory or voluntary monitoring performed at the site:			

Identify any past storage or disposal practices at the site, including any on-site disposal:			

Provide a site history, including all past land use and the period of each use:			

Does your facility treat, store, process or separate any type of liquid or solid wastes? If YES, please complete the Waste Treatment Addendum .		YES	NO
Does your facility have a landfill on site? If YES, please complete the Landfill Addendum .		YES	NO
Does your property generate, handle, store or dispose of any hazardous wastes? If YES, please complete the RCRA Addendum .		YES	NO
Does your property presently have any storage tanks? If YES, please complete the Storage Tank Addendum .		YES	NO

Have you, during the last five years, received any violation regarding any environmental standard or law relating to the release of any substance from the site into sewers, rivers, lakes, air or land?	YES	NO
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<p>If Yes, please attach complete details of the incident and outcome.</p>
<p>Please describe any pollution claims that have occurred during the last five years. If none, please state so:</p> <hr/> <hr/> <hr/>
<p>At the time of signing this application, are you aware of any circumstances that may reasonably be expected to give rise to claim under this policy? YES NO</p> <p>If YES, please explain:</p> <hr/> <hr/> <hr/>
<p>WARRANTY STATEMENT</p>
<p>The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.</p>
<p>NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent act, which is a crime.</p>
<hr style="width: 80%; margin: 0 auto;"/> <p>(Signature)</p>
<hr style="width: 80%; margin: 0 auto;"/> <p>(Title)</p>
<hr style="width: 80%; margin: 0 auto;"/> <p>(Date)</p>

FRAUD WARNING

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false 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 policy holder 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 FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement or claim or an application containing 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 purpose of defrauding the company, penalties may include imprisonment, fines or denial of insurance benefits.

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 an 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 such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with 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 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 a 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 the person to criminal and civil penalties.

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.

SITE-SPECIFIC POLLUTION LIABILITY APPLICATION

WASTE TREATMENT FACILITY ADDENDUM

SITE NAME:				
PHYSICAL ADDRESS:				
CITY:		STATE:	ZIP:	
EPA I.D. #:				
What type of facility is this? (Circle one)	Municipal Waste Water Treatment			
	Commercial Waste Water Treatment			
	Hazardous Waste Treatment			
	Contaminated Soil/Water Treatment			
When was this facility designed and built?				
When was this facility first permitted?				
What is the maximum daily amount of waste treated at this site?				
What is the average daily amount of waste treated at this site?				
Are all treatment operations permitted? YES NO (Please include copy of current permit to operate)				
If NO , please explain: _____				

Please complete the following for each permitted effluent discharge:				
POLLUTANT	PERMITTED MAXIMUM AMOUNT	DAILY AVERAGE AMOUNT		
Do you sell any product or by-product to others? YES NO				
If YES , please explain: _____				
Is this site completely fenced and access restricted? YES NO				
Where is your effluent discharged?				
Provide the following information for each treatment, storage or containment tank at this site:				
INFORMATION	TANK	TANK	TANK	TANK
Tank I.D. (1, 2, A, B, etc.)				
Date Constructed				
Date of First Use				
Active or Closed				
Capacity (in gallons)				
Tank Construction (steel, concrete, etc.)				
Secondary Containment Capacity (in gallons)				
Secondary Containment Type (concrete, asphalt, etc.)				

LANDFILL ADDENDUM

SITE NAME:				
PHYSICAL ADDRESS:				
CITY:		STATE:	ZIP:	
EPA I.D. #:				
What type of facility is this? (Circle one)	Municipal Solid Waste Landfill			
	Construction/Demolition Debris Landfill			
	Hazardous Waste Landfill			
	Transfer Station			
	Recycling Facility			
	Landfarm			
When was this facility designed and built?				
When was this facility first permitted?				
What is the maximum daily amount of waste accepted at this site?				
What is the average daily amount of waste accepted at this site?				
Are all disposal operations permitted? YES NO (Please include copy of current permit to operate)				
If NO , please explain: _____				

What is the total acreage of the facility?				
What is the total permitted acreage of the facility?				
Please provide the following information for each cell at the site:				
INFORMATION	CELL	CELL	CELL	CELL
Cell I.D.				
Date Constructed				
Date First Used				
Active or Closed				
Date of Closure				
Estimated Closure Date				
Liner Type (Natural/Synthetic)				
Liner Thickness				
Other Barrier				
Leachate System (Yes/No)				
Methane Collection System				
Please list all past and present waste materials received into the landfill: _____				

Is this facility completely fenced? YES NO				
Are there measures in place to prevent wind-blown debris? YES NO				
Does the facility have any voluntary or mandated groundwater monitoring? YES NO				
If YES , please explain and provide latest monitoring results: _____				

SITE-SPECIFIC POLLUTION LIABILITY APPLICATION

SITE NAME:		
PHYSICAL ADDRESS:		
CITY:	STATE:	ZIP:
EPA I.D. #:		
When was this facility designed and built?		
When was this facility first permitted?		
Describe the past uses of this location, including any inactive or closed landfills or surface impoundments:		

What is the total acreage of this facility?		
How long have the current operations been occurring at this facility?		
Describe all operations performed at this facility:		

Describe regulated materials handled under:		
Current Permit:	_____	
_____	_____	
Previous Permits:	_____	
_____	_____	
Is this facility completely fenced? YES NO		
Does this facility have restricted and/or monitored access? YES NO		
Does this facility provide certificates of transport, recycling or disposal? YES NO		
If YES , please give details: _____		

Does the facility have a written materials analysis plan specifying test methods and sampling frequency? YES NO		
Does the facility have an updated Spill Prevention & Containment Contingency Plan? YES NO		
What is the maximum amount of material allowed under the current permit?		
What is the approximate annual percentage of materials received from out of state?		
Does this site accept any low-level or regulated nuclear or radioactive materials? YES NO		
If YES , please explain: _____		

SITE SPECIFIC POLLUTION APPLICATION

Real Estate/Property Transfer Addendum

SITE NAME:		
PHYSICAL ADDRESS:		
CITY:	STATE:	ZIP:
EPA I.D. #:		
Are you the:	Current Owner	Prospective Buyer
		Bank/Lender

A complete copy of the sale/purchase agreement for the site must be attached to this application. This must include all indemnification, liability and insurance requirement sections.

Are there any additional hold harmless or indemnification agreements applicable to this site? YES NO
 If YES, please explain:

Are there any other parties that could be considered potentially responsible parties for this site and any contamination or environmental conditions emanating from it? YES NO
 If YES, please explain:

What is the expected total cost of sale/purchase for this property?	
What is the expected final closing date for this transaction?	

Has the buyer or seller completed an environmental due diligence assessment for the property? YES NO
 If YES, please attach a complete copy of the report to this application.

SITE SPECIFIC POLLUTION APPLICATION
 Storage Tank Data Sheet
 (Copy this sheet for additional tanks)

INSURED'S NAME:		
SITE NAME:		
CITY:	STATE:	ZIP:

TOTAL NUMBER OF UNDERGROUND TANKS: _____
TOTAL NUMBER OF ABOVEGROUND TANKS: _____

ALL INFORMATION MUST BE COMPLETED - REFER TO CODES LISTED BELOW.

TANK INFORMATION	TANK No. 1	TANK No. 2	TANK No. 3	TANK No. 4	TANK No. 5
Tank ID					
AST or UST					
Year Constructed					
Capacity (gallons)					
Product Code					
Construction Code					
Protection Code					
Leak Detection Code					
Spill Containment (Y/N)					
Last Test Date					
Test – Pass or Fail					
Upgrade Date					
SPCC/FRP Required?					
SPCC/FRP Approved?					

ASSOCIATED PIPING:

Year Installed					
Construction Code					
Protection Code					
Dispenser Code					
Leak Detection (Y/N)					
Oil/Water Separator (Y/N)					

Tank Codes:

Product	Construction	Protection	Leak Detection
1 – Diesel	1 - Double Wall Steel	1 - Cathodic	1 - Electronic
2 - Unleaded Gas	2 - Double Wall Fiberglass	2 - Painted	2 - Dip Stick
3 - Leaded Gas	3 - Double Wall STIP3	3 - Epoxy Coated	3 - Monitoring Well
4 – Aviation	4 - STIP3	4 - Vault	4 - Integrity Test
5 – Perchloroethene	5 - Bare Steel	5 - Pit Liner	5 - Statistical Inventory
6 - Organic Chemicals	6 - Fiberglass	6 - None	6 - None
7 - Inorganic Chemicals	7 - Lined Steel	7 - Unknown	
8 – Other	8 - Unknown		

Piping Codes:

Construction	Protection	Dispensing
1 - Double Wall Flexible	1 - Cathodic	1 - Suction
2 - Double Wall Fiberglass	2 - Painted	2 - Pressure
3 - Double Wall Steel	3 - Epoxy Coated	
4 - Bare Steel	4 - Other	
5 – Fiberglass		

INDOOR AIR QUALITY AND MOLD QUESTIONNAIRE

1. What is the use of the building?

2. What is the total square footage of the building?
3. What is the building age and what is the age and type of roof (flat or sloped)?
4. Have any water or indoor air quality related construction/maintenance defects been encountered (including but not limited to HVAC system problems, leaks in the roof, windows or siding, as well as broken plumbing and sewer backups)? Yes, No If yes, what are they and how have they been rectified?
5. Is the building located in a 100-year flood plain or an area subject to periodic ponding or flooding? Yes, No If yes, when was the last time the building was impacted by such ponding or flooding and to what extent? What precautions are in place to mitigate future damage?
6. Are bathrooms and dryers vented to the exterior? Yes, No
7. Are the exterior walls of the building exposed to wetness from man made sources such as fountains or lawn sprinkler systems? Yes, No If yes, please describe.
8. Do any of the exterior walls have an Exterior Insulation Finish System (EIFS)? Yes, No If yes, what is the age of the system, when was it last inspected and is there any evidence of water intrusion?
9. Does the building currently contain, or has it ever contained, any visible areas of mold growth in excess of 4 sq. ft. (e.g., more than 2 ft. by 2 ft. patch)? If yes, provide the location, the approximate size of the growth in sq. ft. and what is being done/was done to correct and abate the problem.
10. Have any indoor air quality/mold studies or inspections been done? Yes, No If yes, please provide a copy.
11. Does the building have a full-time maintenance staff? Yes, No If no, who is responsible for building maintenance (subcontractors, tenants)?
12. If a complaint is received regarding either water damage or indoor air quality how quickly do you typically respond? What response is taken? How is the complaint documented?
13. Do you respond in writing to the individual who issued the complaint explaining the corrective actions being taken? Yes, No
14. Do tenant leases require prompt landlord notification in the event of water damage and/or mold growth? Yes, No If yes, please provide a copy of the lease language.
15. Is a water/mold operation and maintenance plan in place? Yes, No If yes, please provide a copy.
16. At the time of the completion of this questionnaire, do you know of any facts or circumstances which may reasonably be expected to result in a Claim or Claims being asserted against your company arising from indoor air quality/mold at the Insured Property? Yes, No If yes, describe in detail.