



## PAR (pollution and remediation) GOLF COURSE APPLICATION

### Coverage is available on a claims made basis

This application is NOT an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. For the purposes of this application "you" includes the Corporation, Entity, or Partnership of the applicant and any Directors, Officers, or Partners thereof.

#### **INSTRUCTIONS:**

1. This application requires that contact persons be provided for each location. The applicant is responsible for obtaining and reviewing whatever records are available, whether in their possession or in the public domain, which are necessary to answer any of the questions in this application.
2. If additional space is needed, attach details on a separate sheet of paper.
3. Please provide the following documents and materials along with the completed (signed and dated) application
  - Audited financials and/or 10k for the past year  
    Enclosed  Information to follow  Does not exist
  - Any environmental surveys/assessments/audits conducted within the past at any of the locations to be considered  
    Enclosed  Information to follow  Does not exist
  - Five years of currently valued loss runs  
    Enclosed  Information to follow  Does not exist

PRODUCER	APPLICANT
Name: _____	Name: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____
Fax #: _____	Fax #: _____
Email Address: _____	Email Address: _____
Web Address: _____	Web Address: _____
PRODUCER NAME: _____	PRIMARY CONTACT NAME: _____

#### **PART 1 -- COVERAGE REQUESTED:**

<b>Proposed Effective Date:</b> _____	<b>Desired Policy Term:</b> _____ 1 year _____ 2 years _____ 3 years
<b>Self Insured Retention</b> <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000	<b>Limits of Liability:</b> <input type="checkbox"/> \$1M/\$1M <input type="checkbox"/> \$1M/\$2M <input type="checkbox"/> \$2M/\$2M <input type="checkbox"/> other _____

#### **COVERAGE REQUESTED:**

<input type="checkbox"/> Off-site Bodily Injury and Property Damage
<input type="checkbox"/> Off-site Cleanup Costs
<input type="checkbox"/> On-site Bodily Injury and Property Damage
<input type="checkbox"/> On-site Cleanup Costs
<input type="checkbox"/> Storage tank coverage (underground and above ground)

PART 2 Prior Pollution Coverage						Check here if this section does not apply. <input type="checkbox"/>
Carrier	Limits	Retroactive Date	Policy Number	Premium	Policy Term	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has any policy or coverage been declined, canceled or non renewed during the prior three years? <b>If YES, please describe.</b>				

PART 3 General Information		
Total Number of Locations: _____		Is the mailing address above a covered location? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>YES</b>	<b>NO</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Is the Applicant a generator of hazardous waste? <b>If YES indicate:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Conditional Small Quantity</li> <li><input type="checkbox"/> Small Quantity</li> <li><input type="checkbox"/> Large Quantity</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any storage tanks covered by a separate policy?
<input type="checkbox"/>	<input type="checkbox"/>	Has there ever been any contamination(reportable or not) at your facility(ies) or on the property(ies) prior to your tenancy, operation and/or ownership of the facility(ies)/property(ies)? <b>If YES, please describe.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Has there ever been any contamination at your facility (ies) or on the property (ies) during your tenancy, operation and/or ownership of the facility (ies)/property (ies)? <b>If YES, please describe.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Are you aware of any waste materials that have been disposed of or buried on your property(ies) or nearby property(ies)? <b>If YES, please describe.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Are all facilities that are referenced as a part of this application in compliance with all current Federal, state, and local environmental laws and regulations? <b>If NO, please describe.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been a party to any pollution-related claims, lawsuits citations, or complaints of any kind at any time? <b>If YES, please describe.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever received a citation from any regulatory agency at any time? <b>If YES, please describe.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever at anytime been prosecuted for violation of any law, regulation, or ordinance related to a release from the site of any substance into sewer, watercourse, and air or onto land? <b>If YES, please describe.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Has any claim, demand, suit or incident report been made at any time related to a pollution release from the site or at the site? <b>If YES, please describe.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Are you aware of any circumstances that could result in a claim or demand under this policy? <b>If YES, please describe.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Have there ever been any reportable releases, contamination or spills of hazardous substances, hazardous waste, petroleum products or any other pollutants, as defined by applicable environmental, Federal, State or local statutes or regulations prior to or during your tenancy, operation and/or ownership of the facility(ies)/property(ies)? <b>If YES, please describe.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Are all facilities that are referenced as a part of this application in compliance with all current Federal, state, and local environmental laws and regulations? (for example: equipment, licensing, permitting, notification, waste disposal, worker safety, etc.) <b>If NO, please describe.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Are there any environmental violations, environmental damage, or liens on any property contemplated under this application? )? <b>If YES, please describe.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Are you aware of any past or pending environmental assessment or financial due diligence that has been performed for this site? )? <b>If YES, please provide a copy.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Are you in the process of selling any of your locations? <b>If YES, please provide details.</b>

<b>PART 4. Covered Location(s)</b>		Please copy and submit for <b>EACH</b> location Attach separate sheets, if necessary	
Location # ____	Age of facility:	Name:	Contact Name:
		Address: City, State, Zip:	Contact Phone #
<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> Have any Environmental Site Assessments been performed at this location? <b>If YES, attach copies.</b>			
Description of current operations:			
Provide site history including all past land use and the time period for each:			
Provide a list of additional occupants on this property (owned or leased):			
Provide description of adjacent properties:	North:		East:
	South:		West:
Identify nearby surface water bodies including approximate distances (i.e., streams, lakes, wetlands):			
Describe any protected environments in the area or sensitive receptors (parks, wildlife preserves, endangered species, etc.) or areas where children may frequent:			
Identify any surface or groundwater uses in the area (drinking wells, etc.)			
Is public water and sewer available? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>			
Is there a leach field or septic system at this location? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> If yes, what is the age?   Please provide prior year maintenance/servicing records.			
Are there any ground water monitoring wells at this location? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <b>If YES, how many?</b> _____			
Are there any sumps, pits or drains used for storage or disposal of wastes other than sanitary wastes? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>			
Is there a landfill at this location? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>			

<b>RAW MATERIALS USED OR STORED ON-SITE</b> (pool chemicals, solvents, paints, cleaners etc.):			Check here if this section does not apply. <input type="checkbox"/> Attach a separate sheet if needed	
DESCRIPTION	QUANTITY PER YEAR	QUANTITY ANY ONE TIME	STORAGE TYPE (e.g., DRUM, ETC)	TYPE OF SECONDARY CONTAINMENT
Describe how and where herbicides, pesticides, fungicides are stored: _____ _____ _____				

<b>WASTE SENT OFF SITE:</b>				Check here if this section does not apply. <input type="checkbox"/>
TYPE OF WASTE	MODE OF TRANSPORT	QUANTITY	VENDOR USED FOR DISPOSAL	

<b>Above Ground Storage Tank Schedule</b> (Please complete for each location)						Check here if there are no above ground tanks at this location. <input type="checkbox"/>
Tank I.D. #/ Name	Date Installed	Tank Capacity (Gallons)	Tank Construction. Materials *A	Tank Contents *B	Secondary Containment, *C	Operational & In Use? Yes/No

**\*A TANK/PIPING CONSTRUCTION**

**\*B CONTENTS**

**\*C SECONDARY CONTAINMENT**

**MATERIALS**

MT = Steel or other metal  
 FB/S = Fiberglass or synthetic  
 OT = Other, please specify

GA = Gasoline  
 SLV = Solvents  
 WO = Waste Oil  
 DS = Diesel Fuel  
 OT = Other, please specify

EB = Earthen Berm  
 CD = Concrete dike  
 DW = Double wall tank  
 O = Other  
 N = None

<b>ADDITIONAL ABOVE GROUND TANK INFORMATION</b>		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are the pipes 100% above ground? <b>If NO, provide dates of most recent below ground piping tightness tests.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Are all locations covered by a Spill Prevention, Control and Countermeasures (SPCC) plan? <b>If YES, provide a copy of the SPCC Plan.</b>

<b>Underground Storage Tank Schedule</b> (Please complete for each location)								Check here if there are no underground tanks at this location. <input type="checkbox"/>
<b>EPA or STATE IDENTIFICATION NUMBER (if underground tanks exist)</b>								
Tank I.D. #/Name	Date Installed	Tank interior Relined? Yes/No	Tank Capacity (Gallons),	Tank Constr. Materials *1	Piping Constr. Materials *2	Tank Contents *3	Leak Detection *4 (for tank & piping)	

**\*1 TANK/ CONSTRUCTION MATERIALS**

D/W = Double Wall /  
 FCS = Fiberglass or Plastic Coated Steel  
 STI = STI-P3  
 S/W = Single Wall Fiberglass Reinforced  
 FRP = Plastic  
 CP/S = Cathodically Protected Steel  
  
 S = Bare Steel

**\*3 CONTENTS**

R = Regular Gasoline  
 U = Unleaded  
 WO = Waste Oil  
 D = Diesel  
  
 HO = Heating Oil  
  
 K = Kerosene  
  
 O = Other (please describe)

**\*4 LEAK DETECTION**

ATM = Auto Tank Monitor  
 SV = Soil Vapor Well  
 D/W = Interstitial Monitoring  
 GW = Groundwater Monitoring  
  
 TT = Tank Tightness Test  
 SIR = Statistical Inventory  
 Reconciliation  
 MTG = Manual Tank  
 Gauging/Manual Inventory  
 Sticking

**\*2 PIPING CONSTRUCTION MATERIALS**

DWF = Double wall Fiberglass  
 CP/S = Cathodically Protected Steel  
 S = Bare Steel  
 FRP = Fiberglass Reinforced Plastic

<b>ADDITIONAL UNDERGROUND TANK INFORMATION</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Are all storage tank systems in compliance with all relevant Federal, State and Local Regulations?
<input type="checkbox"/>	<input type="checkbox"/>	Do any plans exist to remove or replace any tanks within the next year? <b>If YES, identify all USTs involved and list when the removal or replacement is to occur and why such actions are being performed.</b> _____

## **NOTICE TO APPLICANT-PLEASE READ CAREFULLY REPRESENTATIONS AND WARRANTIES**

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of my knowledge and that no material fact has been omitted or misstated. 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 change, 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 to purchase or the insurer to provide the insurance. Acceptance of the applicant by the company is required prior to quotation or binding of coverage or the issuance of a policy. It is agreed that this application and the reliance upon its contents shall be the basis of the issuance of a policy and shall be attached and made part of said policy.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud or deceive any insurance company submits an application or statement of claim containing any materially false, incomplete, or misleading information may be subject to civil or criminal penalties.

**Notice To Arkansas, Minnesota, And Ohio Applicants:** Any Person Who, With Intent To Defraud Or Knowing That He/She 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, Which Is A Crime.

**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 For The Purpose Of Defrauding Or Attempting To Defraud The 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 District of Columbia, Maine, Tennessee, And Virginia 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 A Denial Of Insurance Benefits.

**Notice To Florida Applicants:** Any Person Who, Knowingly And With Intent To Injure, Defraud, Or Deceive Any Employer Or Employee, Insurance Company, Or Self-Insured Program, Files A Statement Of Claim Or An Application Containing Any False 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 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 Louisiana And 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 Maryland Applicants:** Any Person Who, With Intent To Defraud Or Knowing That He/She Is Facilitating A Fraud Against An Insurer, Submits An Application Or Files A Claim Containing A False Or Deceptive Statement May Be Guilty Of Insurance Fraud.

**Notice To New Jersey 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 Such Violation.

**Notice To Oklahoma Applicants:** 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 And Texas Applicants:** Any Person Who Makes An Intentional Misstatement That Is Material To The Risk May Be Found Guilty Of Insurance Fraud By A Court Of 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. A Policy Cannot Be Issued Unless This Application Is Properly Signed And Dated.

**I HAVE READ AND FULLY UNERSTAND THE QUESTIONS AND MY ANSWERS ON THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF ANY OF THE RESPONSES THAT ARE MATERIAL TO THE RISK ASSUMED (AS WELL AS ATTACHED TO THIS APPLICATION), MAY CAUSE THIS POLICY TO BECOME NULL AND VOID AND/OR MAY GIVE RISE TO RESCISSION OF THE POLICY.**

Applicant's Signature: <hr/>	Applicant's Printed Name: <hr/>
Applicant's Title: <hr/>	Date: <hr/>

## Environmental Risk Managers, Inc.

**Chris Bunbury**

[chris@ermi.us](mailto:chris@ermi.us)

(231) 218 -1041

**Brooks Bunbury**

[brooks@ermi.us](mailto:brooks@ermi.us)

(231) 218 -1044

[www.ermi.us](http://www.ermi.us)