Environmental
RISK MANAGERS

New Business Application for Environmental Impairment Liability (EIL) Insurance

Answer all questions, use separate sheets if necessary.
NOTE: There are two sections to this application (1 - 9) and (A - Q)

1. Applicant/Parent Company: | Date Needed:

Applicant/Parent Company Address: | Effective Date:

Phone: _____ State: _____

Web Address: Zip:

2. Requested Coverages: Proposed Limits/Retention

☐ Onsite Cleanup/3rd Party Liability ☐ Onsite Cleanup Only

☐ 3rd Party Liability Only ☐ Other_____

☐ GL/3rd Party Liability

Occurrence: _____

Aggregate: _____

Deductible/SIR: _____

Retroactive Date: _____ Term (10-year max.): _____

3. Type of facility:

Please provide a brief description of why Environmental Liability coverage is needed:

4. List all locations to be covered: Total Number of Facilities: _____

Loc#	Facility Name, Address, State & Zip Code
1	
2	
3	
4	
5	
6	
7	
8	

(List additional locations on separate page if necessary)

Initials____.

5. Financial Information

Gross Receipts for Corporation/Company: _____

6. Attach a copy of the Applicant's most recent financial statement (balance sheet and income statement), or 10K. Attach pro forma statement if applicable.

7. Attach copies of recent or applicable environmental reports for each site , including but not limited to: Phase I or II assessments, corrective action plans, remediation work plans, or closure plans.

8. If any remedial activities have occurred at any of the proposed covered locations, attach EPA or State closure letters, no further action letters, or provide a detailed description of the steps being taken to attain closure and a schedule for attaining closure

9. Attach any complaint, suit, or correspondence related to any public complaints regarding any emission, discharge, or escape of any pollutant from any of the proposed covered locations to the local community.

Should the signatory become aware of any change or omission relative to the information provided herein subsequent to the completion of this application and precedent to the effecting of insurance, the undersigned promissorily warrants that he will submit to Environmental Risk Managers, Inc. supplementary advice specifying such change or omission. Notwithstanding the immediate foregoing, however, the signatory further promissorily warrants that he will inform Environmental Risk Managers, Inc. of any change or omission with respect to the answers given in this application at any time subsequent to the completion thereof, provided insurance has been effected. It is agreed that the duty imposed upon the signatory by virtue of the foregoing promissory warranties, shall be nondelegable. It is further agreed that this application shall be the basis of any insurance as may be subsequently effected by Environmental Risk Managers, Inc. and that Environmental Risk Managers, Inc. will rely upon the veracity of all responses thereto in causing such insurance to be effected. It is further understood and agreed that all representations and warranties made to Environmental Risk Managers, Inc. also are made to the issuing carrier.

Signed _____ Title _____ Date _____

TO BE COMPLETED BY INSURANCE AGENT

Agent's Name: _____

Address: _____

Phone: _____ Fax: _____

Do you hold a surplus lines license? ☐ Yes ☐ No License No: _____ Exp. Date: _____

Environmental Risk Managers, Inc.

P.O. Box 210F, Moline, MI 49335
Phone: (269) 792-1070
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Email: Betsey@estrategist.com

www.environmentalriskmanagers.com

IMPORTANT!

Please answer Questions **A** through **Q** below for each facility that is proposed to be covered under this application. Make copies of the blank application for Questions **A** through **Q** so that information from each facility is included in the application. Init

Initials____.

IMPORTANT! Please Copy the Following Pages (Section A - Q) and Complete this Section for **Each Location** to be Scheduled/Covered

A. Facility Specific Information:

Name or Location Number: _____ Age of Facility: _____

Has this location ever had any unregulated emission, discharge, release or escape of pollutants or other substances?

☐ Yes ☐ No

Is the Applicant aware of any pre-existing condition at this location that might lead to a claim under the policy if it were to be issued? ☐ Yes ☐ No

B. Describe Current Operations/Manufacturing Processes:

C. Describe Historical Site Operations: (environmental reports for the facility, Phase I or II, remediation plans)

D. Permits (Check all that Apply) For each that apply, please attach a list of relevant permit ID numbers

- ☐ RCRA Part B Permit or State Equivalent
- ☐ NPDES or State Equivalent
- ☐ NPDES Storm Water Permit or State Equivalent
- ☐ Air Permit (any type, federal, state or local)
- ☐ UST or AST Registrations
- ☐ CAA 112(r)
- ☐ SARA Title III
- ☐ EPCRA Section 302 TPQ
- ☐ PCB Annual Reports
- ☐ Small Quantity Generator
- ☐ Large Quantity Generator
- ☐ Asbestos-Related Permits
- ☐ Onsite Disposal Permits
- ☐ Pesticide/Herbicide
- ☐ OTHER:

E. Regulatory Compliance

a) Is the Applicant/Facility currently in compliance with all applicable environmental regulations? ☐ Yes ☐ No
If no, attach a description detailing the measures being taken to comply.

b) Has the Applicant/Facility every been cited for any environmental or permit violation? ☐ Yes ☐ No
If yes, attach a description detailing the violation, the steps taken to come into compliance, and the final outcome of the violation.

c) Does the Facility conduct regular environmental compliance audits? ☐ Yes ☐ No

Initials____.

Chemical Use, Treatment, Storage, and Disposal Information

_____
(Location Name)

F.	Raw and Process Chemicals	QUANTITIES		STORAGE METHODS (Check all that Apply)			
	Chemical Name	Total per Year	At Any One Time	Drum	AST	UST	Other
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	

Attach Separate List if additional space is needed.

(Applicant may attach a copy of a DMR in lieu of completing table below)

G.	Wastewater Handling? ☐ N/A			Maximum Daily Discharge:	
	Constituents of Concern	Discharge Limits	Receiving Body	Outfall #	Treatment Process

Attach Separate List if additional space is needed.

Describe any permit exceedances or by-passes. List number of exceedances and the methods used to correct problem.

Initials____.

_____
(Location Name)

H. Hazardous/Special Waste Generation? ☐ N/A

Waste Type (RCRA #)	Quantity/Year	Treatment Method	Disposal Method	Total Quantity Stored Onsite	Date Disposal Started

Attach list of additional waste materials, if necessary.

I. Offsite Disposal? ☐ N/A

Waste Type (RCRA #)	Quantity/Year	Treatment Method	Disposal Method	Disposal Facility	Date Disposal Started

Attach list of additional waste materials, if necessary.

J. Onsite Disposal? ☐ N/A

☐ Active Landfill	☐ Closed Landfill	☐ Injection Well
Total acreage: _____	Total acreage: _____	Years in Operation: _____
Permitted: ☐ Yes ☐ No	Permitted: ☐ Yes ☐ No	Number of Wells: _____
Lined: ☐ Yes ☐ No	Lined: ☐ Yes ☐ No	Permitted: ☐ **Yes** ☐ **No**
Leachate Collection: ☐ Yes ☐ No	Leachate Collection: ☐ Yes ☐ No	Lined: ☐ Yes ☐ No
Monitoring Wells: ☐ Yes ☐ No	Monitoring Wells: ☐ **Yes** ☐ **No**	Closed? ☐ **Yes** ☐ **No**
Number of Wells: _____	Number of Wells: _____	
Age of Facility: _____	Age of Facility: _____	
Wastes(list):	Wastes(list):	Wastes(list):

Attach additional information for other onsite disposal facilities if necessary

Initials____.

_____
(Facility Name)

K. Air Emissions? ☐ N/A

Source	Quantity/ Year	Pollutant	Treatment Method	Permit Emission Limits	Years Source in Operation

Attach a list of additional sources, if necessary

L. Aboveground Storage Tanks? ☐ N/A

Identification	Age	Capacity (US Gallons or BBL)	Construction Material	Date of Last Inspection	Type of Containment

Attach list of additional ASTs if necessary.

M. Underground Storage Tanks? ☐ N/A

Tank ID	Age	Capacity	Tank Construction Material	Leak Detection Method	Piping Construction Material	Registered with State?
All tanks greater than 10 years old MUST have current tightness tests.						

Attach list of additional USTs if necessary.

Initials____.

_____
(Location Name)

N. Has the location/facility, during the last five years, been cited or prosecuted for any violation of any standard or law relating to the release of a substance into the environment? ☐ Yes ☐ No

If yes, provide details:

O. Has the location/facility ever been sued or requested to pay any damages or to perform any cleanup activities with respect to any actual alleged pollution incident either on the facility grounds or to an offsite party or location?

☐ Yes ☐ No

If yes, provide details:

P. List all environmental losses paid or incurred over the past three years.

Date	**Amount**	**Description of Loss**

Initials____.