

ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

NOTICE: If a policy is issued, the limit of liability available to pay judgments 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.

A. APPLICANT INFORMATION

Applicant:		Date:	
Address:			
City:	State:	Zip Code:	Phone:
Company is an: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____ <i>(please describe)</i>			

B. REQUESTED COVERAGE

<p>1. Coverage Requested:</p> <p><input type="checkbox"/> New Business <input type="checkbox"/> Renewal</p> <p><input type="checkbox"/> Third Party Pollution Liability</p> <p><input type="checkbox"/> On-Site Cleanup</p> <p>4. Other Coverages and Endorsements: _____</p> <p>5. Have you ever carried site pollution coverage before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please provide coverage dates: -</p>	<p>2. Proposed Effective Date: _____</p> <p>Proposed Retroactive Date: _____</p> <p>3. Limits Of Liability/Deductible:</p> <p>Limits Requested: _____</p> <p>Deductible Requested: _____</p> <p>-- or --</p> <p>SIR requested: _____</p>
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C. HISTORY OF COMPANY

<p>1. Date Company Was Established: _____</p> <p>2. Have there been any acquisitions, consolidations, dissolutions, and/or mergers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Does the firm have: <input type="checkbox"/> Subsidiaries <input type="checkbox"/> A parent company <input type="checkbox"/> Other related entities</p> <p>4. Do you share employees? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please explain:</p> <p>If so, please explain:</p> <p>If yes, please explain:</p>
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D. PRIOR CARRIER LIABILITY INFORMATION

1. Coverage Form	2. Carrier	3. Receipts	4. Limit of Liability	5. Deductible	6. Policy Type	7. Rate	8. Premium
1.							
2.							
3.							

9. Has any policy or coverage been declined, cancelled and/or non-renewed during the prior three years?

Yes (If yes, please explain):

No

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:

1. Copies of all environmental audit or assessment reports that have been conducted within the past three years.
2. Most recent income statement and balance sheet.
3. Five years of valued loss runs, if applicable.

E. DESCRIPTION – Please complete the following for all locations you wish to be covered.				
LOCATION	ACREAGE	DESCRIPTION OF CURRENT OPERATIONS	LENGTH OF OPERATIONS	
1.				
2.				
3.				
4.				
5.				
6.				
F. Describe current operations:				
G. List all structures on the property:				
H. Provide a list of additional occupants on this property (owned or leased):				
I. Provide site history including all past land use and the time period for each operation:				
J. Identify any past storage or disposal practices at the site including any on site disposal:				
K. Environmental Information:				
1. Has any building structure been tested for lead-based paint, asbestos or radon?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Has fill material ever been used at the property?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Are there any dry wells, septic systems, leach field or oil/water separators at the property?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. Has any remediation or monitoring of soil or groundwater ever taken place at the property?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5. Has there ever been any testing of soil, groundwater, surface water or air at the property?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6. Does the use of the property require any environmental permits?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7. Are there any plans to conduct any testing of soil, groundwater or surface water at the property?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
L. Hazardous Waste and Materials				
Does this property generate, handle, store or dispose of any hazardous waste or materials?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please complete the following:				
1. Type of hazardous waste or materials:				
2. Describe the on site storage practices and storage areas:				
3. Describe the disposal method used:				

M. Storage Tanks

Does this property presently have any storage tanks? Yes No

If yes, please complete the following:

a. Explain the tank inventory control program:

AST/UST	Tank No.	Tank Construction	Tank Size (Gals.)	Age	Date of Installation	Contents	Secondary Containment	Date & Results of Last Testing
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

N. Property Location

Provide a description of adjacent properties:

1.
 - a. North:
 - b. South
 - c. East:
 - d. West:
2. Identify nearby surface water bodies including approximate distances (i.e. streams, lakes, wetlands):
3. Are there any protected environments in the area or sensitive receptors (parks, wildlife preserves, etc.) or school areas where children may frequent: Yes No
If yes, please describe:
4. Identify any surface or groundwater uses in the area (drinking wells, etc.):
5. Is public water and sewer available: Yes No
6. Provide information on any mandated or voluntary monitoring performed at considered location (i.e. groundwater monitoring wells, NPDES, CAA, etc.):

O. Waste

Does your facility treat, process, separate or store any type of waste (i.e. liquid, solid, wastewater)? Yes No

If yes, please complete the following:

1. Type of Waste:
2. Describe the waste treatment operation:
3. Maximum amount of waste processed per day:
4. Maximum amount of waste stored at any one time:
5. Daily operating procedures in place? Yes No
6. Are emergency procedures in place? Yes No
7. Identify effluent discharge points for wastewater and storm water:

P. Landfill

Do you have a landfill on site? Yes No

If yes, please complete the following:

1. Acreage: Active Landfill: _____ Closed Landfill: _____ Vacant Land: _____
2. Type of waste collected:
3. Is the landfill lined? Yes No
Type of liner: _____
Material: _____
Thickness: _____
4. Is there a leachate collection system in place? Yes No
Amount of leachate produced annually? _____
5. Number of active groundwater monitoring wells in place? Total _____ Up gradient _____ Down gradient _____
6. Are daily operating procedures in place? Yes No
7. Are emergency procedures in place? Yes No

Q. Violations	
1. Have you during the last five years received any violations regarding any standard or law relating to the release of a substance from the location(s) into sewers, rivers, air or onto land? If yes, please provide the details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, have you ever been prosecuted? If yes, please provide the details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
R. Claims	
1. Please describe any pollution claims which have occurred during the last five years, (if none, please state so):	
2. At the time of signing this application are you aware of any circumstances that may reasonably be expected to give rise to a claim under this policy? If yes, please provide the details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

FRAUD WARNING: APPLICABLE TO ALL STATES

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 each such violation.

WARRANTY STATEMENT

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.

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 insurance act, which is a crime.

Signature: _____

Print Name: _____

Title: _____

Date: _____