

SECTION I: GENERAL INFORMATION

Please answer all questions. Use additional pages if necessary.

Use of "Applicant" throughout this application includes the entity listed below as Applicant/Proposed Named Insured together with any officer, director, partner, manager or member; or any employee responsible for environmental affairs.

1. APPLICANT/PROPOSED NAMED INSURED

Company Name: _____

Corporation Individual Partnership LLC Joint Venture Other: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____

Website URL: _____

2. SITE POLLUTION COVERAGE

a. Prior carrier: _____ None

Expiration date: _____ Retroactive date: _____

Premium: \$ _____ Expiring policy term: _____ year(s)

b. Requested Coverages

Onsite Cleanup Offsite Cleanup Third-Party Pollution Liability

Transportation Pollution—Insured's Autos Transportation Pollution—Third Party Non-Owned Locations

Other coverages: _____

Policy limits:

Self-Insured Retention: \$5,000 \$10,000 \$25,000 \$50,000 Other: _____

Policy Term Requested: 1 year 2 years 3 years 5 years Other: _____

c. Has any prior policy or coverage for which you are now applying been declined, cancelled or non-renewed in the past three years?

Yes No If yes, please explain:

3. APPLICANT'S OPERATIONS / REASON COVERAGE IS NEEDED

a. Describe the Applicant's principal business operation:



b. Why is site pollution coverage needed?

4. COMPANY HISTORY AND RELATED ENTITIES

a. Year company was established: _____

b. Have there been any consolidations, dissolutions, acquisitions and/or mergers? Yes No If yes, please describe:

c. Does the firm have: Subsidiaries Parent company Other related entities If yes, please explain:

5. REVENUE AND EMPLOYEES

	Projected/Upcoming Year	Expiring Year	1-Year Prior
Annual gross receipts	\$ _____	\$ _____	\$ _____
Number of employees	_____	_____	_____

6. LOCATIONS TO BE COVERED

For each location to be covered, please complete the following **Section II: Facility-Specific Information** (Questions A through F).

Total number of locations to be covered: _____ Total number of units to be covered: _____

7. NAMED INSUREDS

Please list persons or entities to be scheduled as **Named Insureds**:

Name	Relationship to First Named Insured/Applicant



8. ADDITIONAL INSURED

Please list persons or entities to be scheduled as **Additional Insureds**:

Name	Relationship to First Named Insured/Applicant

FRAUD NOTICES

Notice to Alabama, Alaska, Arizona, Arkansas, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Oregon, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, and Wyoming Applicants: In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

Notice to California Applicants: In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the colorado division of insurance within the department of regulatory agencies.

Notice to District of Columbia Applicants: 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.

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Notice to Hawaii Applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 Louisiana 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 fines and confinement in prison.

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 \$5,000 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/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.

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 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 Tennessee 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 include imprisonment, fines and denial of insurance benefits.

Notice to Texas Applicants: In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

Notice to 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 include imprisonment, fines and denial of insurance benefits.

It is finally agreed that the completion of this application neither obligates the Applicant to purchase insurance nor binds the issuing carrier to effect insurance.

Authorized signature

Date

Typed or printed name: _____

Title: _____

CONTINUE TO SECTION II
For each location to be covered, please complete the following **Section II: Facility-Specific Information** (Questions A through F).





SECTION II: FACILITY-SPECIFIC INFORMATION

Please answer all questions. Use additional pages if necessary.

Use of "Applicant" throughout this application includes the entity listed below as Applicant/Proposed Named Insured together with any officer, director, partner, manager or member; or any employee responsible for environmental affairs.

▶ **IMPORTANT: Please assign a Location Number and complete this section (Questions A through F) for each location to be covered.**

LOCATION NUMBER: _____

A. FACILITY/PROPOSED INSURED LOCATION

Applicant is (check one): Owner Tenant Other: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Site acreage: _____ Square footage under roof and unit count (if applicable): _____

Year of construction: _____ First year of your ownership/occupancy: _____

B. CURRENT USE/OPERATIONS

- Year operations began: _____ Describe current use/operation of this location: _____
- Are there plans for development/redevelopment, improvement, or demolition; or anticipated changes in the use of this location during the policy period? Yes No If yes, please provide details: _____
- Are there any plans to sell, terminate your lease, or sublease this location to others? Yes No If yes, please provide details: _____

Description of past site use or operations	Time period (years)





LOCATION NUMBER: _____

D. VICINITY

1. Please identify adjacent land use.

North	South	East	West

2. Are any of the following present onsite?

- Public water service Public sewer service Drinking water well Septic systems Lake/pond Stormwater retention
- Dry well Oil/water separator

3. Are any protected environments or sensitive receptors (parks, public drinking water, bodies of water, wetlands, schools, etc.) nearby?

- Yes No If yes, please describe:

4. Is the site located within a 100-year flood plain? Yes No

E. POLLUTION HISTORY

1. Is the Applicant aware of any past or present contamination on, at, under or migrating from this location/facility; or any circumstances which may reasonably be expected to give rise to a claim or result in a request for coverage under this policy if it were to be issued? Yes No

2. Has any remediation or monitoring of soil or groundwater taken place at the property, or are any such future activities planned? Yes No

3. Is the Applicant aware of any Natural Resource Damage associated with this location/facility or any threat to a sensitive habitat or species? Yes No

4. Has the Applicant or has this location/facility ever been sued, requested to pay damages or to perform any cleanup activities with respect to any actual or alleged pollution incident on the facility grounds or to an offsite party, or is any such suit, request or cleanup anticipated? Yes No

5. Are there any groundwater monitoring wells at this location/facility? Yes No

6. Have any environmental audits or site assessments been conducted, or are any such audits or assessments planned? Yes No
If yes, please supply copies of reports.

If the answer to any of the above questions is yes, please provide details including copies of environmental reports, notices of violations, compliance orders, closure letters, etc. Use additional pages if necessary.





LOCATION NUMBER: _____

F. ENVIRONMENTAL COMPLIANCE

- 1. Is the Applicant or is this location/facility currently out of compliance with any environmental regulations? Yes No
- 2. Has the Applicant or has this location/facility in the last five years received any violations regarding any standard or law relating to the release of a substance into sewers, surface water, groundwater, air or onto land? Yes No

If the answer to any of the above questions is yes, please provide details including copies of notices of violations or compliance orders. Use additional pages if necessary.

- 3. Does the Applicant conduct regular environmental compliance audits? Yes No
- 4. Name and phone number of individual responsible for environmental management and/or compliance:

- 5. Does the Applicant have any of these plans (check all that apply)?
 Spill Prevention, Control, and Countermeasure (SPCC) Plan Lead/Asbestos Management Plan (if so, please provide a copy)
 Emergency Response Plan Mold Plan (if so, please provide copy)

OTHER LOCATIONS?

For each location to be covered, please complete **Section II: Facility-Specific Information** (Questions A through F).