



THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY. IN ADDITION TO OTHER LIMITATIONS ON COVERAGE, PAYMENT OF LEGAL EXPENSE REDUCES THE LIMIT OF INSURANCE. PLEASE READ THE POLICY CAREFULLY.

For purposes of this application, "you" and "your" refer to the named insured designated below and any officer, partner, director, manager or member thereof.

**PLEASE PROVIDE THE FOLLOWING DOCUMENTS AND MATERIALS ALONG WITH THE COMPLETED ORIGINAL SIGNED AND DATED APPLICATION. ONCE THIS APPLICATION IS RECEIVED, A MEMBER OF OUR STAFF MAY TELEPHONE THE SITE CONTACT DESIGNATED BY YOU IN THE ATTACHED SITE CONTACT SCHEDULE TO CONDUCT A TELEPHONE SURVEY AS PART OF THE APPLICATION PROCESS. THE ATTACHED TELEPHONE SURVEY SUMMARIZES THE INFORMATION THAT WILL BE REQUESTED AND SHOULD BE PROVIDED TO SUCH CONTACT PERSON.**

Please provide the following documents and materials along with the completed original signed and dated application:

- Audited financials and/or 10K for the latest three (3) years.  
 enclosed     information to follow     do not exist
- Schedule of environmental insurance policies for the past three (3) years.  
 enclosed     information to follow     do not exist
- Environmental surveys/audits, risk assessments, Phase I's, Phase II's, Phase III's, conducted for any site for which this application is being made.  
 enclosed     information to follow     do not exist

**A. GENERAL INFORMATION**

1. Named Insured: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

2. Names Insured is a:     Corporation     Partnership     Joint Venture     Other \_\_\_\_\_

3. Describe in detail the Named Insured's operations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. List all other insureds requesting coverage under this policy and describe the relationship to the Named Insured:

Name of Other Insured	Relationship to Named Insured
_____	_____
_____	_____
_____	_____

**B. HISTORY**

1. During the past five (5) years have you been, or are you currently being prosecuted for any violation of any standard or law relating to the release or threatened release of any hazardous substance or pollutant at or from any site into the environment?  Yes  No. If yes, describe in detail:

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2. During the past five (5) years, have there been any reportable discharges or releases of any hazardous substance or pollutant at or from any sites for which this application is being made?  Yes  No. If yes, describe in detail:

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3. During the past five (5) years, have there been any claims made against you resulting from the actual or alleged release of any hazardous substance or pollutant at or from any site for which this application is being made?

Yes  No. If yes, describe in detail:

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4. Are you aware of any fact or circumstance that could reasonably be expected to result in a claim being made against you arising from the release of any hazardous substance or pollutant into the environment?

Yes  No. If yes, describe in detail:

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***Attach additional sheets as needed to provide the requested information.***

**C. COVERAGE REQUESTED**

Policy:  New  Renewal

Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Limits of Insurance Requested: (may request multiple options)

a. Each Pollution Incident \$ \_\_\_\_\_

b. Aggregate \$ \_\_\_\_\_

Deductible Requested: (may request multiple options) \$ \_\_\_\_\_

Existing Pollution or Environmental Insurance Coverage

a. Do you currently have pollution liability coverage?  Yes  No.

b. If yes, is the policy written on:  occurrence  claim-made basis?

c. State the retroactive date of inforce claims-made coverage: \_\_\_\_\_

**D. ENVIRONMENTAL MANAGEMENT AND COMPLIANCE**

- 1. Manager/employee responsible for environmental matters: \_\_\_\_\_
- 2. Describe the environmental duties of the manager/employee responsible for environmental matters: \_\_\_\_\_  
\_\_\_\_\_
- 3. Are there on-going remediation projects at any proposed insured site?  Yes  No. If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
- 4. Is there existing contamination at any proposed insured site?  Yes  No. If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

**E. INSURED SITE INFORMATION**

- 1. Describe the physical operations including year built for the buildings/facilities at each proposed insured site:  
\_\_\_\_\_
- 2. Describe previous occupancies and/or land use for each proposed insured site:  
\_\_\_\_\_
- 3. Describe the surrounding environment (one mile radius) of each proposed insured site, including topography, land use, waterways, types of industries, residences, schools, hospitals, etc.  
\_\_\_\_\_
- 4. Describe any on-site waste disposal activities (i.e. landfill, ponds, surface impoundment, lagoons, septic system, leach fields, solvent recovery, incineration, etc.) at each proposed insured site:  
\_\_\_\_\_  
\_\_\_\_\_
- 5. Describe off-site waste disposal processes, including:  
Type of material, annual quantity, name and address of storage, transfer, disposal or recycling facility; and transportation of waste including: by whom, type of material and amount transported, number of trips per year, distance per trip:  
\_\_\_\_\_  
\_\_\_\_\_
- 6. Indicate any environmental permits applicable at any proposed insured site and if in compliance with same. If not in compliance, provide details:  
\_\_\_\_\_  
\_\_\_\_\_
- 7. Describe groundwater monitoring at all proposed insured sites. Indicate number of wells and provide results from most recent four (4) sampling events along with map showing the location of wells and groundwater flow directions:  
\_\_\_\_\_  
\_\_\_\_\_

**F. ON-SITE STORAGE TANK INFORMATION**

1. For each proposed insured site, provide the following information. Clearly identify the insured site at which each tank is located:

ABOVE GROUND TANKS: <input type="checkbox"/> N/A					
PRODUCT CONTENTS	CAPACITY (in gals)	AGE	CONSTRUCTION MATERIAL	SECONDARY CONTAINMENT (TYPE)	INVENTORY CONTROL MONITORING FREQUENCY

\* (See classes for Storage Tanks Information)

UNDERGROUND STORAGE TANKS (10% OR MORE OF TANK UNDERGROUND): <input type="checkbox"/> N/A				
TANK NO.	CONTENTS	CAPACITY (in gals)	CONSTRUCTION MATERIALS	PIPING CONSTRUCTION

TANK AGE	PRECISION TESTING			LEAK DETECTION		CORROSION PROTECTION	
	YES/ NO	CONTENTS	DATE LAST TESTED	TYPE	AGE	YES/ NO	TYPE

\* (See classes for Storage Tanks Information)

*CLASSES FOR STORAGE TANK INFORMATION			
CONSTRUCTION	PRODUCT	LEAK DETECTION (For UST's Only)	PIPING CONSTRUCTION (For UST's Only)
FRP – Double-walled	Unleaded Gas	Tightness Testing	FRP – Double
FRP – Single-walled	Leaded Gas	Statistical Invent Analysis	FRP – Single
STI – P3 – Double	Diesel	In-Tank Gauge	Steel – Double
STI – P3 – Single	Kerosene	Interstitial Monitoring	Steel – Single
FRP/Steel Composite #2	Heating Oil	Soil Vapor Monitoring	Plastic – Double
Bare or Painted	Lube Oil	Ground Water Monitoring	Plastic – Single
Concrete	Waste Oil	Other (specify)	
Other (specify)	Other (specify)		

By signing below, applicant hereby certifies that the statements made and the information and data supplied herewith are true, accurate and complete.

**COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**CERTIFICATION**

The undersigned persons declare that to the best of their knowledge the statements set forth above and in any attachments or supplements to this APPLICATION are true and correct, and that every reasonable effort has been made to obtain sufficient information to facilitate the proper and accurate completion of this APPLICATION. The undersigned agree that if any significant change in the condition of the Applicant is discovered between the date of this APPLICATION and the effective date of the policy which would render this APPLICATION inaccurate or incomplete, notice of such change will be reported in writing to the COMPANY immediately and, if necessary, any outstanding quotation may be modified or withdrawn. The undersigned persons understand and further agree that the completion and signing of this APPLICATION neither binds the COMPANY to sell nor the Applicant to purchase the insurance.

**PLEASE NOTE: ONLY DULY APPOINTED AGENTS OF THE COMPANY AND LICENSED BROKERS ARE AUTHORIZED TO SOLICIT APPLICATIONS FOR COVERAGE. AGENTS AND BROKERS ARE NOT AUTHORIZED TO BIND COVERAGE. NO COVERAGE SHALL BE PROVIDED UNLESS THE COMPANY ACCEPTS THE APPLICATION AND BINDS THE COVERAGE.**

**False Information:**

Any person who, knowingly and with intent to defraud an insurance company or other person, files an Application or insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

**False Information (California Only):**

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**False Information (Colorado Only):**

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**False Information (Florida Only):**

Any person who, knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an Application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.

**False Information (Louisiana Only):**

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.

**False Information (Maine Only):**

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.

**False Information (Nebraska Only):**

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 material fact thereto, commits a fraudulent insurance act, which is a crime, where such person subsequently submits a claim.

**False Information (New Mexico Only):**

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.

**False Information (New York Only):**

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 information concerning any material fact thereto, for the purpose of misleading, 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.

**False Information (Ohio Only):**

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application of files a claim containing a false or deceptive statement is guilty of insurance fraud.

**False Information (Oklahoma Only):**

WARNING: 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.

**False Information (Oregon Only):**

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 containing any material fact thereto, may be guilty of an insurance fraud.

**False Information (Pennsylvania Only):**

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 material fact thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**False Information (Vermont Only):**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties include imprisonment, fines, and denial of insurance benefits.

**False Information (Virginia Only):**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties include imprisonment, fines, and denial of insurance benefits.

\_\_\_\_\_  
Authorized Signature of Applicant \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name \_\_\_\_\_  
Title

\_\_\_\_\_  
Applicant \_\_\_\_\_  
Authorized Agent (Please Print Name)

\_\_\_\_\_  
Authorized Agent (Signature) \_\_\_\_\_  
Title Date

\_\_\_\_\_  
Submitted By (Insurance Agent) \_\_\_\_\_  
Insurance Agency

\_\_\_\_\_  
Insurance Agency Taxpayer ID or Social Security Number \_\_\_\_\_  
Agent License No. (For non-admitted placements a copy of valid surplus license will be required)

\_\_\_\_\_  
Address (No., Street, City, State and ZIP Code)

**Site Contact Schedule**

**Site 1**

Name and Address:

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Describe Operations:

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Contact Name and Title:

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Contact Address, Telephone, Fax and Email:

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**Site 2**

Name and Address:

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Describe Operations:

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Contact Name and Title:

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Contact Address, Telephone, Fax and Email:

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**Site 3**

Name and Address:

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Describe Operations:

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Contact Name and Title:

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Contact Address, Telephone, Fax and Email:

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**Site 4**

Name and Address:

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Describe Operations:

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Contact Name and Title:

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Contact Address, Telephone, Fax and Email:

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