



SITE SPECIFIC POLLUTION LIABILITY APPLICATION

This application is for a Claims Made and Reported Site Specific Pollution Liability Policy

INSTRUCTIONS:

- Please print or type clearly.
- Answer all questions completely.
- If any questions do not apply, print or type "N/A" in the space provided.
- This application must be signed and dated by an authorized Owner, Principal, Partner, Director or Risk Manager of the first Named Insured.
- If additional space is needed to answer the question, attach details on a separate sheet using the first Named Insured's letterhead and reference the applicable question number.

PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:

- Any environmental surveys / assessments / audits performed at any of the locations to be considered.
- Most recent business income statement and balance sheet.
- Three years of currently valued general liability and pollution loss runs.
- Resumes of key personnel.
- Company Standard Operating Procedures (SOP).
- Operations Permit Schedule (POTW, NPDES, RCRA, Air Emissions, etc. - if applicable).

APPLICANT INFORMATION		
Applicant Name:		
Address:		
City:	State:	Zip Code:
Name of Contact:	Title:	
Telephone:	E-mail Address:	
Fax Number:	Company Web Address:	
EPA Identification Number:		
Federal Employee Identification Number (FEIN):		
Insured's Principal Business Operations:		
Entity Type: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Other:		
Coverage Requested: <input type="checkbox"/> New Business <input type="checkbox"/> Renewal		
Desired Policy Term: <input type="checkbox"/> One Year <input type="checkbox"/> Two Years <input type="checkbox"/> Three Years <input type="checkbox"/> Other:		
Desired Retention for Each Claim: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other:		
Desired Limit of Liability: <input type="checkbox"/> \$1m/\$1m <input type="checkbox"/> \$3m/\$3m <input type="checkbox"/> \$5m/\$5m <input type="checkbox"/> \$10m/\$10m <input type="checkbox"/> Other:		
Proposed Effective Date: / / Current Retroactive Date: / /		

COMPANY HISTORY				
Date Established:				
Has any insurance company denied, canceled or non-renewed pollution liability coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:				
Have there been any mergers, acquisitions or consolidations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:				
Does the firm have: <input type="checkbox"/> Subsidiaries <input type="checkbox"/> Parent Company <input type="checkbox"/> Other Related Entities If yes, explain:				
Do you share employees with any of the above? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:				
Current/Past Pollution Coverage				
Whether full pollution coverage or sudden/accidental named peril coverage, please provide a copy of the policy and/or endorsements.				
Insurance Carrier	Term	Limits of Liability	Deductible/ SIR	Premium
			\$	\$
			\$	\$
			\$	\$

REVENUES			
Year	Total Gross Revenues (\$)	Payroll (\$)	Employees (#)
Projected/Upcoming	\$	\$	
Expiring	\$	\$	
First Prior	\$	\$	
Second Prior	\$	\$	

BUSINESS OPERATIONS		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a Spill Prevention Control and Countermeasure Plan? If yes, attach a copy.
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have an Emergency Response plan? If yes, attach a copy of Index page.
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a documented Corporate Health and Safety Plan? If yes, attach a copy of Index page.
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a documented Inspection Program? If yes, attach a copy of the Index page.
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a formal written Fire Protection Plan? If yes, attach a copy of the Index page.
<input type="checkbox"/>	<input type="checkbox"/>	Is the Applicant a generator of hazardous waste? If yes, indicate status: <input type="checkbox"/> Conditional Small Quantity <input type="checkbox"/> Small Quantity <input type="checkbox"/> Large Quantity
<input type="checkbox"/>	<input type="checkbox"/>	Do you have one person whose sole responsibility is environmental management and/or compliance? If yes, please provide contact name and phone number:
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been named as a Potential Responsible Party (PRP)? If yes, please select the description: <input type="checkbox"/> Named, but de minimis <input type="checkbox"/> Named and Active

LOCATIONS DESCRIPTION (add separate sheet if necessary)			
Location Address	Operations Performed	Total Acres	Lease or Own
1.			
2.			
3.			
4.			
5.			
<p>Are there any known pollution conditions at any of the locations in which coverage is being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:</p>			
<p>Describe any former operations that have been performed at any locations in which coverage is being requested, if different than those operations described above: <input type="checkbox"/> N/A</p>			
<p>Are you aware of any waste materials that have been disposed of or buried on or at any location in which coverage is being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>			
<p>Is public water and sewer used at all of the locations? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide details of what is used in its place:</p>			
<p>How far is the nearest private water/drinking well located?</p>			
<p>Are there any surface water bodies (i.e. lakes, rivers, ponds, wetlands) nearby any location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:</p>			

Adjacent Land Use				
Location	North	East	South	West
1.				
2.				
3.				
4.				
5.				

UNDERGROUND AND ABOVEGROUND STORAGE TANKS <input type="checkbox"/> Check this box if this section does not apply
<p>Do you have any underground or aboveground storage tanks currently covered by a separate tank policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide carrier and policy number:</p>
<p>Explain your tank inventory control and/or testing methods used (attach latest tank test results):</p>
<p>What is the distance of the tanks to the boundary of the property line? <input type="checkbox"/> At boundary <input type="checkbox"/> < 50 feet from property boundary <input type="checkbox"/> >50 feet from property boundary</p>
<p>Are all underground storage tanks in compliance with the 1998 US EPA Standards for leak detection, overflow protection, and corrosion protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate which tanks are not in compliance and why:</p>

Tank Schedule							
TANK # AST or UST	Capacity (gallons)	Construction Material (see codes below)	Age (yrs.)	Contents (see codes below)	Secondary Containment if AST		Tightness Test Anniversary Date
					Type	Volume	
Example: #1-AST	1,000	FRP	7	R	Concrete	110%	11/15/05
Construction Material				Contents			
D/W	=	Doubled Walled 2 nd Containment	R	=	Regular Gasoline	If other please specify below:	
F/S	=	FRP/Steel comp.	U	=	Unleaded		
STI	=	STI-P3	WO	=	Waste Oil		
FRP	=	Single Walled FRP	D	=	Diesel		
CP/S	=	Cathodically Protected Steel	NO	=	New Oil		
S	=	Coated Bare Steel	HO	=	Heating Oil		
Are you aware of any tanks previously existing at any location in which coverage is being requested, which have been removed or closed in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were they closed in accordance with applicable local, state and federal regulations? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No, Why?							

FACILITY WASTE GENERATION, AIR EMISSIONS, AND WASTEWATER DISCHARGES	
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 Waste Generation chart below.	
Are there any groundwater monitoring activities at any of the locations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Is any location a permitted Transfer Storage Disposal (TSD) Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Is there a landfill at any of the locations? If more than one, please add separate sheet. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please answer the following:	<ul style="list-style-type: none"> ▪ Active? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Total Acreage: Buffer zone (included in total acreage): ▪ Is landfill lined? What type of liner? ▪ Type of waste collected? ▪ Is there a leachate monitoring/collection system in place? ▪ Is there a methane gas monitoring/collection system in place? ▪ Tonnage accepted per day?
Identify any past storage or disposal practices at the site: <input type="checkbox"/> N/A <input type="checkbox"/> Lagoons <input type="checkbox"/> Landfill <input type="checkbox"/> Land farming <input type="checkbox"/> Pits <input type="checkbox"/> Ponds <input type="checkbox"/> Other:	

Waste Generation					
<input type="checkbox"/> Check this box if this section does not apply					
Description of Waste	Amount Per Year	At Any Time	Method of Storage		Disposal Method or Site
			Container Type	Secondary Containment	
Example: Waste Solvent	750 gals.	150 gals.	55-gal drum	Segregated area with 110% volume	3 rd Party Disposal

Air Emissions
 Check this box if this section does not apply

Type of Air Emission	Volume per Year	Treatment / Collection Type

Effluent Wastewater Discharge
 Check this box if this section does not apply

Permit I.D. Number	Location	Discharge Point

ON-SITE STORAGE OF MATERIALS

Do you have any raw materials or process materials used at any location (degreasers, cleaning solvents, etc.)?
 Yes No
 If yes, please complete the Type, Quantity and Method of Storage chart below.

Have you ever been cited or fined for housekeeping issues or improper storage/handling of raw materials, wastes or products at any location? Yes No
 If yes, please explain:

Type, Quantity and Method of Storage

Description of Materials	Amount Stored Per Year	At Any One Time	Method of Storage	Type Secondary Containment
Example: Solvents	500 gals.	100 gals.	55-gal drum	Segregated concrete area with 110% volume

COMPLIANCE HISTORY AND FUTURE LOCATION PLANS

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	At the time of signing this application, are you aware of any past or present contamination on-site or emanating from the site(s), or any circumstances which may reasonably be expected to give rise to a claim for bodily injury, property damage or cleanup costs or generate a request for coverage under this policy? If yes, give details:
<input type="checkbox"/>	<input type="checkbox"/>	During the past five (5) years, have you had any reportable releases or spills of hazardous substances, hazardous wastes or any other pollutants, as defined by applicable environmental laws and/or federal, state or local regulations? If yes, give details:
<input type="checkbox"/>	<input type="checkbox"/>	During the past five (5) years, have you been cited or prosecuted for any violation of any applicable environmental law and/or federal, state or local regulation arising from the release or spill of hazardous substances, hazardous waste or any other pollutants? If yes, give details:
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had any pollution claims for bodily injury, property damage or cleanup costs including, but not limited to, claims by private persons, public entities, government agencies or other third parties? If yes, give details:
<input type="checkbox"/>	<input type="checkbox"/>	Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at the present comply with? If no, give details:

<input type="checkbox"/>	<input type="checkbox"/>	Has there been any past, present or planned remediation, monitoring, or sampling to investigate potential contamination? If yes, please provide an explanation and attach copies of reports.
<input type="checkbox"/>	<input type="checkbox"/>	Have any prior environmental studies, reports, or audits been prepared for the locations in which coverage is being requested? If yes, please provide copies of each and circumstances for each.
<input type="checkbox"/>	<input type="checkbox"/>	Are there any future plans to sell or sublease any of the locations in which coverage is being requested? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Are there any plans for future development, improvement, excavation, betterment, demolition or plans for changes at any of the locations in which coverage is being requested? If yes, please explain:

FRAUD WARNING

NOTICE TO ARKANSAS 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 CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents 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.

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: WARNING: 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 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 a denial of insurance benefits.

NOTICE TO NEW YORK 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 each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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: 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.

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.

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 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.

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

NOTICE TO ALL OTHER STATE 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, 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.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent / Broker Name: _____

The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.