

Pollution Liability Application

THIS APPLICATION IS FOR A POLICY PROVIDING COVERAGE ON A DISCOVERY AND/OR CLAIMS MADE AND REPORTED BASIS DEPENDING UPON THE COVERAGE LISTED AS PROVIDED IN THE DECLARATIONS.

PAYMENT OF DEFENSE COSTS ERODES THE LIMITS OF LIABILITY.

Instructions

1. All questions must be answered.
2. If space is insufficient, attach additional sheets of paper, or utilize blank sheet at the end of the application.
3. As applicable, please attach the following:

Single "covered location" submission

- a. Loss information or reports of any discharges, releases or spills that could reasonably be expected to result in loss.
- b. Copies of environmental assessments.
- c. Emergency response or spill contingency plans (if any).

Multiple "covered location" submission

- a. All information required for single "covered location" submission.
- b. Section III and IV of the application must be completed for each location.
- c. Details of any due diligence process in use, to include a copy of any written procedures and/or policies.

Additional insureds

- a. Name and address
- b. Relationship to Named Insured

I. General Information

1. Named Insured

2. Mailing address

City

State

ZIP Code

3. Street address

City

State

ZIP Code

4. Telephone number

5. Fax number

6. Contact name and title

7. E-mail address	8. Internet website address
<input type="text"/>	
9. Named Insured is a:	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other	
Please attach a copy of the entity's most recent organizational chart or a diagram of the corporate structure	
10. Do you anticipate utilizing a premium finance company for the policy premium? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Proposed effective date of coverage _____	
12. During the last tree(3) years has any insurance been declined or canceled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", provide details: <input type="text"/>	
13. Please provide a list of environmental insurance policies for the past three (3) years relevant to the locations for which this coverage is being sought. Attached list should specifically list the dates of issuance, identification of the carrier, applicable retroactive dates (if any), and limits of liability.	
14. What is the property interest of the Named Insured <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Lender <input type="checkbox"/> Partner <input type="checkbox"/> Other (please specify)	
15. Is the Named insured also the occupant of the locations(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Is the Named Insured aware of any contamination on the property(ies), or on any of the immediately adjacent properties which may impact the insured location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", attach detailed explanation.	
17. Is the Named Insured aware of any natural resource damage, assessments or any threat to endangered species, protective habitat or other similar resources/species <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Does the Named Insured subcontract with any third party vendor for any aspect of its business, including, but not limited to in any advisory capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please attach detailed explanation including, but not limited to, identification of particular aspects that are subcontracted.	
19. Is the Named Insured the successor in interest to a bankrupt entity? If yes, please attach a detailed explanation including, but not limited to, the name of the predecessor and the particular type of bankruptcy.	

II. Coverage options

20. Policy term
<input type="checkbox"/> One year <input type="checkbox"/> Three years <input type="checkbox"/> Five years <input type="checkbox"/> Ten years <input type="checkbox"/> Other _____ years
21. Limit of liability - Each Pollution Event Limit
<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> Other \$ _____
22. Limit of liability- Total Policy Limit
<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> Other \$ _____

23. Deductible

\$10,000 \$25,000 \$50,000 \$100,000 \$1,000,000 Other \$_____

* Attach latest year-end audited financial statements report for deductible of \$100,000 or greater.

24. Additional Endorsements:

Do you wish us to quote also for one or more of the following Endorsements:

- | | |
|---|--|
| A) Business Interruption Section Endorsement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B) Contractors Pollution Liability Endorsement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C) Transported Cargo Endorsement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

III. Covered Location Description

25. Location name (if any)
26. Street address

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code

27. Year of building construction
28. Current appraised property value

<input type="text"/>	<input type="text"/>
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29. Current use of property (as of and after the application date): (check all that apply)

- | | | | |
|--------------------------------------|---------------------------------|---|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Hotel | <input type="checkbox"/> Manufacturing/industrial | <input type="checkbox"/> Warehouse/Light industrial |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Office | <input type="checkbox"/> Vacant land/Agricultural | <input type="checkbox"/> Other |

30. For any use described in 28 above other than Residential, Hotel, Retail or Office, please describe with particularity the operations conducted at the "covered location(s)". Include in your description any storage (above and below ground), waste management/ disposal/transportation operations.

31. Prior use history (prior to the application date): (check all that apply)

- | | | | | |
|----------------------------------|--------------------------------------|---------------------------------|---|---|
| <input type="checkbox"/> Known | <input type="checkbox"/> Residential | <input type="checkbox"/> Hotel | <input type="checkbox"/> Manufacturing/industrial | <input type="checkbox"/> Warehouse/Light industrial |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Retail | <input type="checkbox"/> Office | <input type="checkbox"/> Vacant land/Agricultural | <input type="checkbox"/> Other |

32. Future use of property (after the application date): (check all that apply)

- | | | | |
|--------------------------------------|---------------------------------|---|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Hotel | <input type="checkbox"/> Manufacturing/industrial | <input type="checkbox"/> Warehouse/Light industrial |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Office | <input type="checkbox"/> Vacant land/Agricultural | <input type="checkbox"/> Other |

33. Does the Named Insured or any of the persons or entities listed in Section VI. below, or any of their respective subsidiaries or affiliates, own property adjacent to or within a 5 (five) mile radius of any of the locations for which this coverage is being purchase and if yes, please identify.

IV. Historical Environmental and Regulatory Information

- 34.** Have there been any occupants/tenants that generated, stored or handle regulated substances?
 If "Yes", attach details. Yes No Unknown
- 35.** Are there any current occupants/tenants that generate, store or handle regulated substances?
 If "Yes", attach details. Yes No Unknown
- 36.** Are there any current or former operations which require closure or post-closure activities per the Code of Federal Regulations, Title 40 or other similar state law or regulations? Yes No Unknown
 If "Yes", attach details.
- 37.** Is the property now, or has it ever been connected to a septic system/leach field?
 If "Yes", attach details. Yes No Unknown
- 38.** Are there now, or have there ever been any lagoons, cesspools, collection ponds, etc.?
 If "Yes", attach details. Yes No Unknown
- 39.** Are there wetlands on site?
 a. If "Yes", are the wetlands delineated? Yes No
 b. If "Yes", will the wetlands be impacted by any proposed development? Yes No
- 40.** Have there been any reportable releases of any regulated substances? Yes No Unknown
 If "Yes", attach details.
- 41.** Have there been any remedial actions conducted? Yes No Unknown
 If "Yes", attach details.

V. Transaction Information

- 42.** Coverage is being requested in conjunction with a New purchase Refinancing Other (explain)

- 43.** Other than a contract to buy or sell the property identified above, is there any relationship between the Named Insured and the seller? Yes No
 If "Yes," provide details

- 44.** If this is a refinancing transaction, what is the length of property ownership by the Named Insured ____ years.
- 45.** Is there an environmental indemnification agreement being utilized in this transaction? Yes No
 If "Yes," provide a copy of the indemnification or applicable portion of the transaction agreement. Also verify the Named Insured has not waived its contractual rights or those arising as a matter of law.

VI. Other Insureds

- 46.** Are there any persons or entities who will be added to the policy as insureds? Yes No
 If "Yes," attach a listing of such persons and entities including a description of their relationship to the Named Insured

VII. Storage tank information

- 47.** Are there any underground storage tanks (USTs) at the property? Yes No Unknown
 If "Yes", is coverage requested? Yes No Unknown

- If "Yes", complete the Storage Tank Supplemental Questionnaire. Yes No Unknown
- 48.** Have any USTs been removed, abandoned or closed in place? Yes No Unknown
- If "Yes", has a regulatory agency issued a "No Further Action" letter or given some other form of approval for the closure of the UST(s)? Yes No Unknown
- If "Yes", attach a copy of confirming documentation.
- 49.** Are there any above ground storage tanks (ASTs) at the property? Yes No
- If "Yes", complete the Storage Tank Supplemental Questionnaire.

PLEASE NOTE: **Tightness** test documentation is required for **underground** tanks that are five (5) years or older, and do not have an automatic leak detection system. Test must show passing results and be within the last year.

VIII. Representations

- 50.** Is the Applicant* aware of any fact, circumstance or situation which could result in a claim(s) being made against it or any other person or entity for whom coverage will be sought arising from the release of any hazardous substance or pollutant into the environment? Yes No
- If "Yes," please describe
-
- 51.** During the past five (5) years the Applicant been prosecuted for violation of Law in respect of Pollution and the subject matter of this Application? Yes No
- If "Yes", please describe in detail.
-
- 52.** Is the Applicant aware of any reportable discharges, releases or spills during the past five (5) years of any hazardous substance or pollutant at or from any locations for which this application is being made? Yes No
- If "Yes", describe in detail.
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- 53.** During the past five (5) years have there been any claims made against the Applicant resulting from the actual or alleged release of any hazardous substance or pollutant at or from any location for which this application is being made Yes No
- If "Yes", describe in detail.
- For the purposes of questions 47 through 50 above and for the representation below, "Applicant" includes the entity together with any director, officer, partner or manager thereof.

The applicant represents that all statements in this application, including statements or representations contained in the Storage Tank Supplemental Questionnaire, are true and correct to the best of their knowledge and that no material or relevant facts have been suppressed or misstated and agrees that the policy, if issued, will be issued on the reliance of such representations. The applicant represents that due diligence has been conducted to know of the information listed on this application.



Completion of this form does not bind coverage. The applicant's acceptance of a quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance, should a policy be issued, and will become part of the policy. The applicant represents that due diligence has been conducted in completion of the information listed on this application.

Named Insured's authorized signature

Printed name of authorized person

Title

Date

Insurance representative

Name of firm

Address

City

State

ZIP Code

Telephone number

Fax number

Additional Details Page