



## ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE APPLICATION

**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.**

Applicant							Date	
Address								
City			State			Zip Code		Telephone No.
Company is a:      Individual _____ Partnership _____ Corporation _____ Joint Venture _____ Other (describe) _____								
1. COVERAGE REQUESTED ! New Business! Renewal					2.      Proposed Effective Date: Proposed Retroactive Date:			
! Third Party Pollution Liability ! On site cleanup					2.      LIMITS OF LIABILITY/DEDUCTIBLE 3.      Limits Requested: Deductible Requested:			
4. Other Coverages and Endorsements								
5. HISTORY OF COMPANY								
Date Established:								
Have there been any acquisitions, consolidations, dissolutions, mergers    ! Yes    ! No								
If yes, explain:								
Does the firm have:      ! Subsidiaries      ! A parent company      ! Other related entities								
If yes, explain:								
Do you share employees?      ! Yes    ! No								
If yes, explain:								
6. PRIOR CARRIER LIABILITY INFORMATION								
COVERAGE FORM	CARRIER	RECEIPTS	LIMIT OF	DEDUCTIBLE	TYPE OF POLICY	RATE	PREMIUM	
Any policy or coverage declined, canceled or non-renewed during the prior three years? ! Yes    ! No								
If yes, explain:								
ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:								
1) Copies of any environmental audit or assessment reports which 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.								
7. Description - Please complete the following for all locations you wish to be covered.								
LOCATION		ACREAGE		DESCRIPTION OF CURRENT OPERATIONS			LENGTH OF OPERATIONS	
a.								
b.								
c.								
d.								
e.								
f.								

g.

8. Describe current operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. List all structures on the property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Provide a list of additional occupants on this property (owned or leased)  
\_\_\_\_\_  
\_\_\_\_\_

11. Provide site history including all past land use and the time period for each operation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Identify any past storage or disposal practices at the site including any on site disposal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Does this property generate, handle, store or dispose of any hazardous waste or materials?! Yes ! No  
If yes, please complete the following:  
a. Type of hazardous waste or materials: \_\_\_\_\_  
\_\_\_\_\_  
b. Describe the on site storage practices and storage areas: \_\_\_\_\_  
\_\_\_\_\_  
c. Describe the disposal method used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Does this property presently have any storage tanks? ! Yes ! No  
If yes, please complete the following:  
a. Explain the tank inventory control program: \_\_\_\_\_  
\_\_\_\_\_

b. Please obtain the following information on each tank:  
AST/UST TANK NO. CONSTRUCTION MATERIAL CAPACITY AGE SECONDARY CONTAINMENT

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_

15. Please complete the following in reference to the property location:

Provide a description adjacent properties:

North: \_\_\_\_\_

South: \_\_\_\_\_

East: \_\_\_\_\_

West: \_\_\_\_\_

b. Identify nearby surface water bodies including approximate distances (i.e. streams, lakes, wetlands)

\_\_\_\_\_

\_\_\_\_\_

c. 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:

\_\_\_\_\_

d. Identify any surface or groundwater uses in the area (drinking wells, etc)

\_\_\_\_\_

e. Is public water and sewer available? ! Yes ! No

Provide information on any mandated or voluntary monitoring performed at considered location (i.e. groundwater monitoring wells, NPDES, CAA, etc.)

\_\_\_\_\_

\_\_\_\_\_

16. 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:

a. Type of waste: \_\_\_\_\_

\_\_\_\_\_

b. Describe the waste treatment operation: \_\_\_\_\_

\_\_\_\_\_

c. Maximum amount of waste processed per day: \_\_\_\_\_

d. Maximum amount of waste stored at any one time: \_\_\_\_\_

e. Are daily operating procedures in place? ! Yes ! No

f. Are emergency procedures in place? ! Yes ! No

g. Identify effluent discharge points for wastewater and stormwater: \_\_\_\_\_

\_\_\_\_\_

Do you have a landfill on site? ! Yes ! No

if yes, please complete the following:

a. Acreage: \_\_\_\_\_ Active Landfill \_\_\_\_\_ Closed Landfill \_\_\_\_\_ Vacant Land

b. Type of waste collected: \_\_\_\_\_

\_\_\_\_\_

c. Is the landfill lined? ! Yes ! No

Type of liner: \_\_\_\_\_

Material: \_\_\_\_\_

Thickness: \_\_\_\_\_

d. Is there a leachate collection system in place? ! Yes ! No

Amount of leachate produced annually: \_\_\_\_\_

e. Number of active groundwater monitoring wells in place: \_\_\_\_\_ Total \_\_\_\_\_ Up gradient \_\_\_\_\_ Down gradient

f. Are daily operation procedures in place? ! Yes ! No

g. Are emergency procedures in place? ! Yes ! No

18. 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 sewer

rivers, air or onto land? ! Yes ! No

if yes, please provide the details

If yes, have you ever been prosecuted? ! Yes ! No

19. Please describe any pollution claims which have occurred during the last five years, (if none, please state so)

At the time of signing this application are you aware of any circumstances which may reasonably be expected to give rise to a claim under this policy?

Yes ! No If yes, please provide details:

**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 state 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 civile penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**WARRANTY STATEMENT**

The undersigned authorized officers 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)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)