



ENVIRONMENTAL IMPAIRMENT LIABILITY APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:

1. Any existing site specific environmental assessment reports (Phase I, Phase II, etc.), if applicable.
2. Five years of currently valued loss runs, if applicable.
3. Schedule of all owned locations.
4. Most recent audited financial statement.

I. APPLICANT INFORMATION		
Named Insured:		
Address:		
City:	State:	Zip Code:
Company is: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other Specify		
Website/Social Media:		
Year Company Established:		

II. COVERAGE					
Effective Date:		Expiration Date:			
<input type="checkbox"/> New Business		<input type="checkbox"/> Renewal			
2.1.	What is the requested coverage term? <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years				
2.2	Please Indicate below the Limits of Liability, Deductibles, and Prior Information being requested:				
	Limits of Insurance	Deductible	Expiring Carrier	Expiring Premium	Retroactive Date
	Each Pollution Incident:				
	Coverage Aggregate Limit:				
Please list any other in-force retroactive dates or requested coverages and endorsements:					

III. SITES FOR WHICH COVERAGE IS SAUGHT					
Please list all Sites for which Applicant is requesting coverage.					
Please respond to questions 3.1 through 3.2 for each respective Site. If more space is needed, please provide this information as an attachment to this Application.					
3.1	Location Address	Owned or Rented/Leased	Description of Operations at the Property/Facility	Acreage	Description of Structure(s)

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3.2	<p>Are there other occupants, tenants or businesses at any of the above locations? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please list each location and provide details on their occupants.</p>
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IV. SITE DETAIL	
4.1	<p>Provide a description of adjacent properties:</p> <p>North:</p> <p>South:</p> <p>East:</p> <p>West:</p>
4.2	<p>Identify any surface or groundwater uses in the area (drinking wells, etc.):</p>
4.3	<p>Is public water and sewer available? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
4.4	<p>Are there any protected environments in the area or sensitive receptors (parks, wildlife, preserves) or school areas where children may frequent? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes please describe:</p>
4.5	<p>Identify nearby surface water bodies including approximate distances (i.e. streams, lakes, wetlands):</p>

V. SITE HISTORY			
	Location Address	Describe Past/Prior operations at Each Location	Length of Time Operations were Performed
5.1			

VI. HAZARDOUS OR WASTE PRODUCTS – HANDLING, STORAGE AND DISPOSAL PRACTICES

6.1	Are any hazardous or waste products/materials generated, processed, handled or stored at any location currently, or have such products/materials ever been generated, handled or stored at any location in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>
6.2	Are any hazardous or waste products disposed of by Applicant, or by any third party on Applicant's behalf, including any on-site disposal at any location? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes to 6.1 or 6.2., please provide details (including location, products/materials generated, processed, handled, stored or disposed of; onsite/offsite storage and/or disposal practices of each location):
6.3	What is the maximum amount of waste processed per day?
6.4	What is the maximum amount of waste stored at any time?

VII. OTHER ENVIRONMENTAL INFORMATION

7.1	Has fill material ever been used at any location? Yes <input type="checkbox"/> No <input type="checkbox"/>
7.2	Has any remediation, testing, or monitoring of soil or groundwater ever taken place at any location? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes to 7.2, please provide details and any related environmental reports.
7.3	Does the use of/operations at any location require any environmental permit? Yes <input type="checkbox"/> No <input type="checkbox"/>
7.4	Are there any plans to conduct any testing of soil, groundwater or surface water at any location? Yes <input type="checkbox"/> No <input type="checkbox"/>
7.5	Are there any dry wells, septic systems, leach field or oil/water separators at any location? Yes <input type="checkbox"/> No <input type="checkbox"/>

VIII. STORAGE TANKS

8.1.	Location of Storage Tank	AST/UST	Year Installed	Contents	Tank Size/ Gallons	Date and Results of Last Testing

If additional space is needed, please attach a list to this application.

IX. LANDFILLS

9.1	Does Applicant now have, or has it ever had, a landfill on site at any location? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please advise the following: Date Landfill originally opened: Location of Landfill: Number of Closed Cells: Number of Open Cells: Anticipated Life/Closure of Landfill:
9.2	Is the landfill lined? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please advise the following: Type of Liner: Material: Thickness:

9.3	Is there a leachate collection system in place? If yes, amount of leachate produced annually?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.4	Number of active groundwater monitoring wells in place:	

X. MOLD/FUNGI EXPOSURES

10.1	Is any location listed above located in a 100-year flood plain or in an area subject to perioding ponding or flooding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.2	Has any location listed above had any indoor air quality or mold problem that cost more than \$5,000 to resolve?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.3	Does any location have any visible signs of mold growth?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.4	Has any inspection been performed at any location listed above relating to indoor air quality or mold?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.5	Do you have a formal mold and indoor quality compliance plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.6	If yes to any of the above, please provide details:	

XI. CLAIMS HISTORY AND CLAIM CIRCUMSTANCES

Please respond to the following questions to the best of your knowledge and belief, after conducting due diligence and inquiry with any individual who may have knowledge or information about the matters described below.

11.1	Has any claim, suit, regulatory investigation or proceeding or other proceeding or notice of incident been made against any proposed insured or any employee, contractor, or staff member of any proposed insured, in the last five (5) years? If Yes, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.2	Has any policy or coverage listed been declined, cancelled and/or on-renewed during the prior three (3) years? If Yes, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.3	Has Applicant received any notices of actual or potential violations, citations, fines, penalties, complaints, or enforcement or regulatory actions in any way relating to non-compliance with environmental protection laws, in the last five (5) years? If Yes, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.4	At the time of signing this application, is Applicant aware of any event, fact, circumstance, situation, demand, act, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against any proposed Insured, including but not limited to, environmental damage, or for bodily injury or property damage arising from the release of hazardous substances or other pollutants into the environment? If Yes, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.5	Has Applicant or any proposed insured ever paid out more than \$25,000 for any one claim or loss? If Yes, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>



REPRESENTATIONS AND SIGNATURE

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED.

NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED TO APPLICANT, OR THAT ANY PERSONS, EVENTS OR OTHER SPECIFICS REFERENCED IN QUESTIONS, OR ANSWERS TO QUESTIONS, WILL BE COVERED UNDER ANY POLICY BOUND OR ISSUED TO APPLICANT.

ANY PERSON WHO KNOWIGLY AND WITH INTENT TO DEFREAD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRADULENT INSURANCE ACT. SUCH AN ACT IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

This application must be signed by an authorized partner, officer, or other principal of Applicant.

Signature of Authorized Representative of Applicant

Title

Type/Print Name of Authorized Representative

Date

Producer Signature

Date