

## **SITE SPECIFIC POLLUTION LIABILITY**

### **APPLICATION REQUIREMENTS**

1. Environmental Impairment Liability application - complete all questions in full. (If the insured has already completed another similar site specific pollution application it is usually possible to prepare an indication using it).
2. Rent schedule for any residential risks.
3. A full copy of any environmental reports, such as Phase I Environmental Site assessments or transaction screens. If no environmental reports have been performed please state so in writing.
4. Information on mold risk reduction and/or operations & maintenance programs for mold, asbestos and lead, if any.

***WE ONLY ACCEPT APPLICATIONS SUBMITTED  
BY INSURANCE AGENTS/BROKERS***

***Incomplete submissions will be declined***

## 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 <input type="checkbox"/> New Business <input type="checkbox"/> Renewal		2.      Proposed Effective Date: Proposed Retroactive Date:					
<input type="checkbox"/> Third Party Pollution Liability <input type="checkbox"/> On site cleanup		3.      LIMITS OF LIABILITY/DEDUCTIBLE Limits Requested: Deductible Requested:					
4. Other Coverages and Endorsements							
5. HISTORY OF COMPANY							
Date Established:							
Have there been any acquisitions, consolidations, dissolutions, mergers <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, explain:							
Does the firm have: <input type="checkbox"/> Subsidiaries <input type="checkbox"/> A parent company <input type="checkbox"/> Other related entities							
If yes, explain:							
Do you share employees? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, explain:							
6. PRIOR CARRIER LIABILITY INFORMATION							
COVERAGE FORM	CARRIER	RECEIPTS	LIMIT OF LIABILITY	DEDUCTIBLE	TYPE OF POLICY	RATE	PREMIUM
Any policy or coverage declined, canceled or non-renewed during the prior three years? <input type="checkbox"/> Yes <input type="checkbox"/> 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

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:

a. 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: \_\_\_\_\_

\_\_\_\_\_

17. 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 sewers, rivers, air or onto land?  Yes  No

if yes, please provide the details:

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If yes, have you ever been prosecuted?  Yes  No

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

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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:

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#### **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 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.

#### **WARRANTY STATEMENT**

The undersigned authorized officers of the applicant declare 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)