



NEW BUSINESS APPLICATION

FOR ENVIRONMENTAL IMPAIRMENT LIABILITY & ENVIRONMENTAL FACILITY PACKAGE

APPLICANT INFORMATION

Applicant Name _____

Mailing Address _____ Apt _____ City _____ State _____ ZIP _____

Owner Name _____ Owner Title _____ Ownership % _____

Year Established _____ Website _____

COVERAGE REQUEST

Check all that apply:

☐ Onsite Cleanup ☐ Third-party Liability ☐ General Liability ☐ Other _____

Proposed Effective Date _____

Prior Coverage

Coverage	Carrier	Limits of Liability	Deductible	Retroactive Date	Premium

Policy term requested (multi-year term length not available when CGL coverage is included): _____

GENERAL OPERATIONS INFORMATION

1. Describe the applicant's operations (not limited to operations at the proposed covered locations):

Total Revenues _____

2. Describe operations performed away from owned/leased property (contracting operations), if any:

Contracting Revenues _____

3. Describe operations/processes performed at the covered locations:

COVERED LOCATIONS

Address and facility type. *(Attach additional pages as needed.)*

Location Address	Facility Type	Years Occupied
1.		
2.		
3.		
4.		

1. Are there additional occupants at any covered location? ☐ Yes ☐ No

If yes, please describe occupant operations.

2. Does the use of any of the locations require any environmental permits? ☐ Yes ☐ No

If yes, please list.

3. Describe historical uses of the property(s). *(Attach environmental reports, if any.)*

CHEMICAL & HAZARDOUS MATERIALS STORAGE

1. Are liquid chemicals or hazardous materials stored at the site in containers greater than five gallons?

☐ Yes ☐ No If yes, provide chemical storage details below.

Chemical Name	Quantity Onsite at Any Time	Storage Method (Drum, AST, etc.)	Secondary Containment

2. Storage Tanks (*Attach additional pages as needed.*)

Tank #	AST or UST	Year Installed	Capacity (Gallons)	Contents	Single- or Double-walled	Construction Material

WASTE HANDLING

1. List the types of chemical, special, or hazardous wastes generated and describe storage/treatment practices.

Waste Type	Quantity Onsite at Any Time	Storage Method (Drum, AST, etc.)	Treatment/Disposal Method

WASTE HANDLING *(continued)*

2. Does the applicant operate a process/wastewater treatment plant at a covered location? ☐ Yes ☐ No

3. Does the applicant operate a landfill at a covered location? ☐ Yes ☐ No If yes, provide details below.

Total Acres	Active Acres	Closed Acres	Wastes Accepted

Is the landfill lined? ☐ Yes ☐ No Has a leachate collection system been installed? ☐ Yes ☐ No

Is groundwater monitoring required? ☐ Yes ☐ No

4. Is there an onsite injection well? ☐ Yes ☐ No If yes, describe wastes injected.

LOSS CONTROL & EXPERIENCE

Loss Control – Check all applicable written loss control plans implemented by the applicant

- | | |
|---|---|
| <input type="checkbox"/> spill prevention control and countermeasure plan (SPCC plan) | <input type="checkbox"/> groundwater monitoring plan |
| <input type="checkbox"/> storm water management plan (SWMP) | <input type="checkbox"/> air monitoring plan |
| <input type="checkbox"/> emergency response plan | <input type="checkbox"/> fugitive dust emissions plan |
| <input type="checkbox"/> fire prevention and response plan | <input type="checkbox"/> daily operating plan |
| <input type="checkbox"/> other | |

Loss Experience – Please attach currently valued loss runs to this application

1. Has there ever been an unregulated discharge, release, or escape of pollutants at a covered location?
☐ Yes ☐ No If yes, please describe and attach an environmental site assessment (Phase I, II, or III).

2. Has the applicant ever been cited for any violation of environmental law in the past five years?
☐ Yes ☐ No If yes, please describe.

3. Describe any pollution claims which have occurred during the past five years. ☐ Not applicable

4. Is the applicant aware of any circumstances that may reasonably be expected to give rise to a claim under this policy? ☐ Yes ☐ No If yes, please describe.



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FRAUD WARNING

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE UNDERWRITER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ARKANSAS, HAWAII, LOUISIANA, MARYLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 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 claimant with regard to a settlement or award payable from 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 insurer files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO IDAHO AND OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a/any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON 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 denial of insurance benefits.

NOTICE TO MICHIGAN AND MINNESOTA APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another 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 act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO AND RHODE ISLAND 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 civil fines and criminal penalties.



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NOTICE TO NEW YORK AND KENTUCKY APPLICANTS: *Any person who knowingly and with intent to defraud an 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 New York applicants shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.*

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 a 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 the person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that the statements set forth herein are true. For New Hampshire Applicants, the foregoing statement is limited to the best of the undersigned's knowledge, after reasonable inquiry. The signing of this Application does not bind the undersigned to complete the insurance. It is represented that the statements contained in this Application and the materials submitted herewith are the basis of the contract should a policy be issued and have been relied upon the Insurer in issuing any policy. The Insurer is authorized to make any investigation and inquiry in connection with this Application as it deems necessary. Nothing contained herein or incorporated herein by reference shall constitute notice of a claim or potential claim so as to trigger coverage under any contract of insurance.

This Application and materials submitted with it shall be retained on file with the Insurer and shall be deemed attached to and become part of the policy if issued. For North Carolina, Utah and Wisconsin and Applicants, such Application and materials are part of the policy, if issued, only if attached at issuance.

It is agreed in the event there is any material change in the answers to the questions contained in this Application prior to the effective date of the policy, the Applicant will immediately notify the Insurer in writing and any outstanding quotations may be modified or withdrawn at the Insurer's discretion.

Applicant's Signature _____ Date _____

Print Name _____ Title _____