



2515 Moody Blvd. • Flagler Beach, FL 32136
Phone: 386/439-3378 • Fax: 386/439-3376

SITE SPECIFIC POLLUTION LIABILITY APPLICATION
This application is for a Claims Made and Reported Site Specific Pollution Liability Policy

INSTRUCTIONS:

- Please print or type clearly.
- Answer all questions completely.
- If any questions do not apply, print or type "N/A" in the space provided.
- This application must be signed and dated by an authorized Owner, Principal, Partner, Director or Risk Manager of the first Named Insured.
- If additional space is needed to answer the question, attach details on a separate sheet using the first Named Insured's letterhead and reference the applicable question number.

PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:

- Any environmental surveys/assessments/audits performed at any of the locations to be considered.
- Most recent business income statement and balance sheet.
- Three years of currently valued general liability and pollution loss runs.
- Resumes of key personnel.
- Company Standard Operating Procedures (SOP)
- Operations Permit Schedule (POTW, NPDES, RCRA, Air Emissions, etc. – if applicable).

APPLICANT INFORMATION

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Contact: _____ Title: _____

Telephone: _____ E-mail address: _____

Fax Number: _____ Company Web Address: _____

EPA Identification Number: _____

Federal Employee Identification Number (FEIN): _____

Insured's Principal Business Operations: _____

Entity Type: Partnership Corporation Joint Venture LLC/LLP Other: _____

Coverage Requested: New Business Renewal

Desired Policy Term: One Year Two Years Three Years Other: _____

Desired Retention for Each Claim: \$10,000 \$25,000 \$50,000 \$100,000 Other: _____

Desired Limit of Liability: \$1m/\$1m \$3m/\$3m \$5m/\$5m \$10m/\$10m Other: _____

Proposed Effective Date: _____ Current Retroactive Date: _____

COMPANY HISTORY

Date Established: _____

Has any insurance company denied, canceled or non-renewed pollution liability coverage? Yes No

If yes, provide details: _____

Have there been any mergers, acquisitions or consolidations? Yes No

If yes, explain: _____

Does the firm have: Subsidiaries Parent Company Other Related Entities

If yes, explain: _____

Do you share employees with any of the above? N/A Yes No

If yes, explain: _____

Current/Past Pollution Coverage

Whether full pollution coverage or sudden/accidental name peril coverage, please provide a copy of the policy and/or endorsements.

<u>Insurance Carrier</u>	<u>Term</u>	<u>Limits of Liability</u>	<u>Deductible/SIR</u>	<u>Premium</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

REVENUES

<u>Year</u>	<u>Total Gross Revenues (\$)</u>	<u>Payroll (\$)</u>	<u>Employees (#)</u>
Projected Upcoming	\$ _____	\$ _____	_____
Expiring	\$ _____	\$ _____	_____
First Prior	\$ _____	\$ _____	_____
Second Prior	\$ _____	\$ _____	_____

BUSINESS OPERATIONS

Yes No Does the applicant have a Spill Prevention Control and Countermeasure Plan? If yes, attach a copy.

Yes No Does the Applicant have an Emergency Response plan? If yes, attach a copy of Index page.

Yes No Does the Applicant have a documented Corporate Health and Safety Plan? If yes, attach a copy of the Index page.

Yes No Does the Applicant have a documented Inspection Program? If yes, attach a copy of the Index page.

Yes No Does the Applicant have a formal written Fire Protection Plan? If yes, attach a copy of the Index page.

Yes No Is the Applicant a generator of hazardous waste? If yes, indicate status:
 Conditional Small Quantity Small Quantity Large Quantity

Yes No Do you have one person whose sole responsibility is environmental management and/or compliance? If yes, please provide contact name and phone number:

Yes No Have you ever been named as a Potential Responsible Party (PRP)? If yes, please select the description:

Named, but de minimis Named and Active

LOCATIONS DESCRIPTION

(add separate sheet if necessary)

	<u>Location Address</u>	<u>Operations Performed</u>	<u>Total Acres</u>	<u>Lease or Own</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Are there any known pollution conditions at any of the locations in which coverage is being requested? Yes No

If yes, please provide details: _____

Describe any former operations that have been performed at any locations in which coverage is being requested, if different than those operations described above: N/A

Are you aware of any waste materials that have been disposed of or buried on or at any location in which coverage is being requested? Yes No

If yes, please explain: _____

Is public water and sewer used at all of the locations? Yes No

If no, please provide details of what is used in its place: _____

How far is the nearest water/drinking well located? _____

Are there any surface water bodies (i.e. lakes, rivers, ponds, wetlands) nearby any location? Yes No

If yes, please describe: _____

Adjacent Land Use

	<u>Location</u>	<u>North</u>	<u>East</u>	<u>South</u>	<u>West</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

UNDERGROUND AND ABOVEGROUND STORAGE TANKS

Check here if this section does not apply

Do you have any underground or aboveground storage tanks currently covered by a separate tank policy? Yes No

If yes, provide carrier and policy number. _____

Explain your tank inventory control and/or testing methods used (attach latest tank test results): _____

What is the distance of the tanks to the boundary of the property line?

At boundary < 50 feet from property boundary > 50 feet from property boundary

Are all underground storage tanks in compliance with the 1998 US EPA Standards for leak detection, overflow protection, and corrosion protection? Yes No

If no, indicate which tanks are not in compliance and why: _____

Tank Schedule							
TANK # AST or UST	Capacity (gallons)	Construction Material (see codes below)	Age (years)	Contents (see codes below)	Secondary Containment if AST		Tightness Test Anniversary Date
					Type	Volume	
Example: #1-AST	1,000	FRP	7	R	Concrete	110%	11/15/05

Construction Material			Contents			
D/W	=	Doubled Walled 2 nd Containment	R	=	Regular Gasoline	If other please specify below:
F/S	=	FRP/Steel Comp.	U	=	Unleaded	
STI	=	STI-P3	WO	=	Waste Oil	
FRP	=	Single Walled FRP	D	=	Diesel	
CP/S	=	Cathodically Protected Steel	NO	=	New Oil	
S	=	Coated Bare Steel	HO	=	Heating Oil	

Are you aware of any tanks previously existing at any location in which coverage is being requested, which have been removed or closed in place? Yes No

If yes, were they closed in accordance with applicable local, state and federal regulations? N/A Yes No, Why?

FACILITY WASTE GENERATION, AIR EMISSIONS, AND WASTEWATER DISCHARGES

Does this property generate, handle, store or dispose of any hazardous waste or materials? Yes No

If yes, please complete Waste Generation chart below.

Are there any groundwater monitoring activities at any of the locations? Yes No

If yes, please explain: _____

Is any location a permitted Transfer Storage Disposal (TSD) Facility? Yes No

If yes, please explain: _____

Is there a landfill at any of the locations? If more than one, please add separate sheet. Yes No

If yes, please answer the following:

- Active? Yes No
- Total Acreage: Buffer zone (included in total acreage): _____
- Is landfill lined? Yes No What type of liner? _____
- Type of waste collected? _____
- Is there a methane gas monitoring/collection system in place? Yes No
- Tonnage accepted per day? _____

Identify any past storage or disposal practices at the site: N/A

Lagoons Landfill Land Farming Pits Ponds Other: _____

Waste Generation					
<input type="checkbox"/> Check here if this section does not apply					
Description of Waste	Amount per year	At Any Time	Method of Storage		Disposal Method or Site
			Container Type	Secondary Containment	
Example: Waste Solvent	750 gals	150 gals.	55 – gal drum	Segregated area with 110% volume	3 rd Party Disposal

Air Emissions

Check here if this section does not apply

Type of Air Emission	Volume per Year	Treatment/Collection Type
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Effluent Wastewater Discharge
 Check here if this section does not apply

<u>Permit I.D. Number</u>	<u>Location</u>	<u>Discharge Point</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ON-SITE STORAGE OF MATERIALS

Do you have any raw materials or process materials used at any location (degreasers, cleaning solvents, etc.)? Yes No

If yes, please complete the Type, Quantity and Method of Storage chart below.

Have you ever been cited or fined for housekeeping issues or improper storage/handling of raw materials, wastes or products at any location? Yes No

If yes, please explain: _____

Type, Quantity and Method of Storage				
Description of Materials	Amount Stored Per Year	At Any One Time	Method of Storage	Type Secondary Containment
Example: Solvents	500 gals.	100 gals.	55-gal drum	Segregated concrete area with 110% volume

COMPLIANCE HISTORY AND FUTURE LOCATION PLANS

Yes No At the time of signing this application, are you aware of any past or present contamination on-site or emanating from the site(s), or any circumstances which may reasonably be expected to give rise to a claim for bodily injury, property damage or cleanup costs or generate a request for coverage under this policy?

If yes, give details: _____

Yes No During the past five (5) years, have you had any reportable releases or spills of hazardous substances, hazardous wastes or any other pollutants, as defined by applicable environmental laws and/or federal, state or local regulations?

If yes, give details: _____

Yes No During the past five (5) years, have you been cited or prosecuted for any violation of any applicable environmental law and/or federal, state or regulation arising from the release or spill of hazardous substances, hazardous waste or any other pollutants?

If yes, give details: _____

Yes No Have you ever had any pollution claims for bodily injury, property damage or cleanup costs including, but not limited to, claims by private persons, public entities, government agencies or other 3rd parties?

If yes, give details: _____

Yes No Are there any statues, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at the present time comply with?

If no, give details: _____

Yes No Has there been any past, present or planned remediation, monitoring, or sampling to investigate potential contamination?

If yes, please provide an explanation and attach copies of reports. _____

Yes No Have any prior environmental studies, reports or audits been prepared for the locations in which coverage is being requested?

If yes, please provide copies of each and circumstances for each. _____

Yes No Are there any future plans to sell or sublease any of the locations in which coverage is being requested?

If yes, please explain: _____

Yes No Are there any plans for future development, improvement, excavation, betterment, demolition or plans for changes at any of the locations in which coverage is being requested?

If yes, please explain: _____

FRAUD WARNING

Notice to Arkansas Applicants:

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

Notice to California Applicants:

“For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 policyholder 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 Washington D.C. 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 or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.”

Notice to Kentucky Applicants:

“Any person who knowingly and with intent to defraud any insurance company or other 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 insurance act, which is a crime.”

Notice to Louisiana 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 fines and confinement in prison.”

Notice to Maine 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 a denial of insurance benefits.”

Notice to New York Applicants:

“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.”

Notice to Ohio Applicants:

“Any person who with intent to defraud or knowing that he is facilitating a fraud against any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.”

Notice to Oklahoma Applicants:

“WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”

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 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 such person to criminal and civil penalties.”

Notice to Tennessee 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 include imprisonment, fines and denial of coverage.”

Notice to Virginia 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 include imprisonment, fine and denial of insurance benefits.”

Notice to Washington Applicants:

“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 fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

Notice to All Other State Applicants:

“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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.”

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant’s acceptance of the company’s quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Applicant: _____ Title: _____

Applicant’s Signature: _____ Date: _____

Agent/Broker Name: _____

The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.