ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE APPLICATION

NOTICE: If a policy is issued, the limit of liability available to pay judgements 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 Cod | le | Telephone No. | | |
| | | | | | | | |
| Company is a: Indiv | ridual Partner | ship Corpora | tion Joint Vent | ure Othe | r (describe) | | |
| Coverage Reques | ted | | · | osed Effective Date: | | | |
| { } New Business | {} Renewal | | Ргорс | osed Retroactive Dat | e. | | |
| LIMITS OF LIABIL Limits Requested: Deductible Reques | | | | | | | |
| 4. HISTORY OF COI Date Established: | MPANY | | | | | | |
| Have there been a If yes, explain: | ny acquisitions, consolid | dations, dissolutions, r | nergers { } Yes { } No | | | | |
| Does the firm have | e: { } Subsidiaries { | } A Parent Company | { } Other related enti | ties | | | |
| If yes, explain: Do you share emp If yes, explain: | loyees: { } Yes { } | No No | | | | | |
| 5. PRIOR CARRIER | LIABILITY INFORMATION | OŅ | | | | | |
| Coverage Form | Carrier | Receipts | Limit of Liability | Deductible | Type of Policy | Rate | Premium |
| | | | | | | | |
| | | | | | | | |
| Any policy or cov If yes, explain: | rerage declined, cancele | d or non-renewed duri | ing the prior three years | ? { } Yes { } No | <u>'</u> | I | |
| ALL APPLICANTS | S MUST SUBMIT THE F | FOLLOWING INFORM | MATION IN ADDITION T | O THE APPLICATION | DN: | | |
| Most recent inc | environmental audit or as come statement and bala alued loss runs, if applic | ance sheet. | ich have been conducte | d within the past thre | e years. | | |
| Description- Pleas LOCATION | e complete the following ACREAGE | | wish to be covered. RIPTION OF CURRENT | ODEDATIONS | LENGTH OF OPE | DATIONS | |
| a. | ACREAGE | DESCR | IPTION OF CURRENT | OPERATIONS | LENGTH OF OPE | KATIONS | |
| b. | | | | | | | |
| c. d. | | | | | | | |
| e. | | | | | | | |
| f. | | | | | | | |
| g.7. Describe Curren | t Operations: | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| Provide a list of a | additional occupants on | this property (owned | or leased): | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| 9. | Provide a site history including all past land use and the time period for each operation: |
|------------|---|
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| 40 | The Manager of the season of the same time of the same including any on alta diagonals. |
| 10. | Identify any past storage or disposal practices at the site including any on site disposal: |
| | |
| | |
| | |
| | |
| 11. | 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: |
| | a. Type of flazardous waste of finaterials. |
| | b. Describe the on site storage practices and storage areas: |
| | |
| | c. Describe the disposal method used: |
| _ | |
| _ | |
| | |
| | |
| 12. | Does this property presently have any storage tanks? { } Yes { } No If yes, please complete the following: |
| | a. Explain the tank iventory Control Program: |
| | |
| | |
| 1_ | b. Please obtain the following information on each tank: AST/UST TANK NO. CONSTRUCTION MATERIAL CAPACITY AGE SECONDARY CONTAINMENT |
| 2 | |
| 3 | |
| 4 | |
| 5 6 | |
| 7 | |
| 8 | |
| | Please Complete the following in reference to the property location: a. Provide a description adjacent properties: |
| Nor | |
| Sou Eas | |
| We | |
| *** | 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: |
| ⊢ | |
| H | 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) |
| | 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 wast treatment operation: |
| c | Maximum amount of waste processed per day: |
| | Maximum amount of waste processed per day. Maximum amount of waste stored at any one time: |
| | Are daily operating procedures in place? { } Yes { } No |
| f. | Are emergency procedures in place? { } Yes { } No Identify effluent discharge points for wastewater and stormwater: |
| | |

| 15. 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 | o2 { } Ves { } No | | | |
| Amount of leachate produced annually: | e: () les () NO | | | |
| e. Number of active groundwater monitoring we | ells in place: Total | Up gradient | Down gradient | |
| f. Are daily operation procedures in place? | { } Yes { } No | op gradion | Down gradient | |
| g. Are emergency procedures in place? | { } Yes { } No | | | |
| 16. Have you received any violations regarding | | release of a substance fro | om the location(s) | • |
| into sewers, rivers, air or onto land? { } | | | | |
| if yes, please provide the details: | | | | |
| | | | | |
| | | | | |
| | | | | |
| if yes, have you ever been prosecuted? { | } Yes { } No | | | |
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| 17. Please describe any pollution claims which | have occurred (if none, please sta | te so) | | |
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| At the time of signing this application are your | ware of any circumstances which r | nou rooganahlu ba aynaata | d to give rice to a claim under this r | adia2 |
| At the time of signing this application are you a { } Yes { } No if yes, please provide detail | | nay reasonably be expecte | d to give rise to a claim under this p | oolicy? |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | S. | | | |
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| FRAU | D WARNING: APPLICABLE TO A | LL STATES | | |
| | D WARNING: APPLICABLE TO A efraud any insurance company or o | | ation for insurance | |
| FRAU Any person who knowingly and with intent to do or statement of claim any materially false infor | efraud any insurance company or o | ther person files an applica | | |
| Any person who knowingly and with intent to de | efraud any insurance company or o mation, or conceals for the purpose | ther person files an applicate of misleading, information | concerning any fact | |
| Any person who knowingly and with intent to do or statement of claim any materially false inform | efraud any insurance company or o mation, or conceals for the purpose ce act, which is a crime and shall al | ther person files an applicate of misleading, information | concerning any fact | |
| Any person who knowingly and with intent to do or statement of claim any materially false informaterial thereto, commits a fraudulent insurance | efraud any insurance company or o mation, or conceals for the purpose ce act, which is a crime and shall al the claim for each such violation. | ther person files an applica of misleading, information lso be subject to a civil pen | concerning any fact | |
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