**Owners & Operators Risk Management Toolkitsm application**

Tel: (312) 506-8150 **or** (312) 506-8149

230 West Monroe, Suite 1575, Chicago, IL 60606

 Environmental Practice – [www.navg.com](http://www.navg.com)

This application is for a Policy providing Claims-Made Coverages.

**APPLICANT INSTRUCTIONS: *(Please send Submissions to*** ***envsubmissions@navg.com******)***

**If any questions do not apply or the Insured is not interested in specific Coverage terms, please check the “N/A” box.**

1. Please provide any supporting information on a separate sheet using the Insured’s letterhead and reference the applicable question number.
2. This form must be completed, dated and signed by a principal of your company.

**Section 1 – General Information**

1. Applicant (Full Legal): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing Address of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website:­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Environmental Contact Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Established: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide audited financials and/or 10-Ks for the past (2) fiscal years.
2. Company Type: [ ]  Corporation [ ]  Partnership [ ]  Individual [ ]  Joint Venture

 [ ]  LLC [ ]  Other:

* 1. If Joint Venture, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. List all current and prior entities, affiliated or subsidiary companies to be listed as Named Insured and their relationship to the First Named Insured:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe the desired Policy Coverage:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Practice or Project Policy: |  | Each Incident Limit: |  | Incumbent Carrier:  |  |
| Desired Effective Date: |  | Aggregate Limit: |  | Current Premium: |  |
| Desired Policy Term: |  | Deductible/SIR: |  | Retroactive Date (If applicable): |  |

**Section 2 – Owners / Operators Site Pollution Coverage**

1. Please submit a current Statement of Values **or** complete the table below for properties seeking pollution coverage (attach table if additional space required):

**Insured Property Schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Insured Property Address | Property Owner | Current Operations | Historical Operations | Year Operations Began | Property Size |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |

2. Have any Environmental Site Assessment reports been conducted [ ] YES [ ] NO

 at the properties? *(Reports may include Phase I/II, Feasibility Studies,*

 *Environmental Inspection Audits, Regulatory Correspondence, etc.)*

 **If yes, please provide copy of reports.**

3. Are there any plans for future development, improvement, demolition, [ ] YES [ ] NO

 change in operations within the policy term? **If yes, provide details.**

4. Are there any plans to sell, divest, or sublease any properties within the [ ] YES [ ] NO

 Policy term? If yes, please provide details.

5. Are you aware of any Asbestos Containing Material at any properties [ ] YES [ ] NO

 seeking coverage? **If yes, please provide copy of Asbestos O&M**

 **Plan in place.**

**Section 3 – Storage Tanks Coverage [ ]  N/A**

*If not interested in coverage for Storage Tanks select N/A and skip to Section 4:*

1. Do you own or operate any underground storage tanks (USTs) [ ] YES [ ] NO

 or aboveground storage tanks (ASTs)?

* 1. Have any UST(s) ever failed tightness testing? [ ] YES [ ] NO
	2. Are any tanks not in compliance with appropriate regulations? [ ] YES [ ] NO
	3. Are you required to demonstrate financial assurance to a state or [ ] YES [ ] NO

 Federal agency?

d. Are you aware of any UST(s) that have been removed from the [ ] YES [ ] NO

 Insured Property?

e. Have all historical UST(s) received regulatory closure for clean-up? [ ] YES [ ] NO

f. Have you during the past five years had any reportable releases or [ ] YES [ ] NO
 spills of regulated substances?

g. Do any plans exist to remove or replace any tanks within the next year? [ ] YES [ ] NO

**Storage Tank Detail Summary**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Tank #** | **AST/UST** | **Age** | **Capacity** | **Construction** | **Contents** | **Overfill/Spill Protection** | **Still in Use****(Yes/No)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Section 4 – Transportation Coverage [ ]  N/A**

*If not interested in Transportation Coverage select N/A and skip to Section 5:*

Submission Information

* + At least 3 yrs of loss history for the Applicants Autos
	+ List of Vehicles and Drivers, List of top 5 Third-Party Haulers

1. Do you transport regulated or hazardous wastes/materials? [ ] YES [ ] NO

 If yes, please complete table below.

**Characterization of Cargo**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Material** | **Projected Qtys** | **General Description of Materials** | **% Trans by 1st Party** | **% Trans by 3rd Parties** |
| Hazardous | Solid |  |  |  |  |
| Liquid |  |  |  |  |
| Gas |  |  |  |  |
| Non-Hazardous |  |  |  |  |
| Petroleum/Gasoline |  |  |  |

1. Please complete the table below describing the applicant’s fleet of vehicles.

**Characterization of Fleet**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Private Passenger & Pick-ups)** | **Med Trucks / Vans / Dump Trucks** | **Hvy Trucks / Power Units** | **Trailers / Tankers** | **Railcars** | **Watercraft / Barges** | **Other** |
| Qty |  |  |  |  |  |  |  |
| **Overall Total Number of Vehicles** |  |

General Transportation Questions: (**If yes, please provide copies of plans**)

a. Do you have an Auto Safety & Training Program & check MVRs regularly? [ ] YES [ ] NO

b. Do you have a Vehicle Maintenance Program in place? [ ] YES [ ] NO

c. Do you have any Spill Contingency Plans in place? [ ] YES [ ] NO

**Section 5 – Waste Sites Coverage [ ]  N/A**

*If not interested in Waste Site Coverage select N/A and skip to Section 6:*

Submission Information

* + List of currently or historically utilized Waste Sites
	+ List of materials and quantities being sent to Waste Sites

1. Do you dispose regulated or hazardous materials? [ ] YES [ ] NO

2. If generating Haz. Materials, what is the applicant’s Generator

 Status (ie., LQG, SQG, Cond. Exempt)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has the applicant ever been in a legal action/suit or PRP status [ ] YES [ ] NO

 for disposal of waste materials? If yes, please provide supporting information.

4. Please complete the table below describing the applicant’s waste sites and waste materials.

**Characterization of Waste Sites and Waste Materials**

|  |  |  |
| --- | --- | --- |
| **Waste Site** | **Address** | **Waste Materials**  |
| **Haz. / Non-Haz** | **Material** | **Qty** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

**Section 6 – Indoor Air Quality Coverage [ ]  N/A**

*If not interested in Indoor Air Quality Coverage select N/A and skip to Section 7:*

Submission Information

* Please submit copy of Property and GL Loss runs for the last 5 yrs and copy of any Mold/Water Intrusion Management plan in place.
1. Please indicate the approximate total square footage by property class:

|  |  |  |  |
| --- | --- | --- | --- |
| Property Type | Residential | Commercial | Industrial |
| Approx. Sq. Ft. |  |  |  |

b. Do any of the buildings exterior walls contain Exterior Insulation [ ] YES [ ] NO

 Finish System (EIFS)? If yes, when was the system installed, last

 Inspected, and is there any evidence of water intrusion/mold issues?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Do any of the properties have any visible areas of mold growth [ ] YES [ ] NO

 currently or within the past 5 yrs? If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Have any properties experienced mold growth requiring over [ ] YES [ ] NO

 $25,000 in clean-up costs or Third-Party allegations/formal

complaints for indoor air quality or mold related issues?

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Have any indoor air quality/mold studies or inspections been [ ] YES [ ] NO

 performed in the last 5 yrs? If yes, please provide report.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Is there a written protocol for Water Intrusion / Mold or an [ ] YES [ ] NO

 individual responsible for performing routine inspections and

 maintenance activities? If yes, please provide details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g. Is the applicant aware of any facts or circumstances which may [ ] YES [ ] NO

 reasonably be expected to result in a Claim(s) related to indoor

 air quality/mold issues at any Insured Properties. If yes, please

 provide details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 8 – Warranty Statements**

1. Within the past five (5) years, has the applicant had any [ ] YES [ ] NO

releases or spills of hazardous substances, hazardous waste,

mold, or any other pollutants? If yes, please provide details.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Within the past five (5) years, has the applicant been prosecuted [ ] YES [ ] NO

 or currently being prosecuted for the release or threatened release

 of a hazardous substance, hazardous waste or any other pollutant?

 If yes, please provide details.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. At the time of signing this application, is the applicant aware of or [ ] YES [ ] NO

know of any fact, circumstance or situation which may reasonably

result in a claim against the applicant or any other person or entity

for which coverage is being sought?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Has any environmental coverage been declined, cancelled, or [ ] YES [ ] NO

 non-renewed? If yes, please provide details.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FRAUD WARNINGS**

**NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**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.**

I hereby certify to the truth of the foregoing and that I am authorized to execute the foregoing warranty and representation on behalf of the applicant.

APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

AGENT/BROKER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_