

EnviroPACESM

Environmental Pollution & Casualty Exposures

Dependent upon state authority, you are applying for insurance coverage provided by and underwritten by one of the following insurance companies of ARGO GROUP US:

COLONY INSURANCE COMPANY • COLONY SPECIALTY INSURANCE COMPANY • ARGONAUT INSURANCE COMPANY

APPLICANT INFORMATION

Insured:			
Insured's Address:		Insured Contact / Title:	
City:	State:	Zip Code:	Phone:

Company is an: Individual Partnership Corporation Joint Venture Other (describe) _____

Year Established: _____ Website: _____

Please attach to this application:

- Five years of currently valued loss runs
- Site specific environmental assessment reports
- Financials for the past two fiscal years
- Copies of expiring policies
- Details on Quality Control procedures (Products)
- MSDS for products (Products Pollution)

DESIRED COVERAGE

- General Liability Products Pollution Contracting Services Pollution
 Transportation Pollution Pollution for Waste Disposal Facilities and Non-Owned Locations
 Pollution for Your Sites Professional Liability Excess Liability
 Other Coverages and Endorsements:

CURRENT COVERAGE

EFFECTIVE DATE: _____ **EXPIRATION DATE:** _____

Coverage	Carrier	Limit of Liability	Deductible	Retroactive Date (if any)	Premium
General Liability					
Products Pollution					
Contracting Services Pollution					
Pollution for Your Sites					
Professional Liability					
Excess				N/A	
Auto				N/A	

GENERAL INFORMATION

1. Describe your business and operation:

- 2. Has the applicant ever operated under another name? Yes No
- 3. Has the applicant or any affiliated, related predecessor entity ever been (or currently is) the subject of bankruptcy, reorganization, solvency, dissolution or other debtor related proceedings and/or has made assignment for the benefit of creditors? Yes No
- 4. Has the applicant, officer, or director of the applicant or any affiliated, related predecessor entity or owner ever been convicted of a crime? Yes No
- 5. Has the applicant acquired, merged, sold, or dissolved any other entities the last five (5) years? Yes No
- 6. Has any insurance company ever denied, canceled, or non-renewed General Liability, Pollution Liability, or Professional Liability coverage? Yes No

Explain any "Yes" answers below:

7. Please provide Gross Revenues below:

Period	Gross Revenues	% Foreign
Upcoming Year (Estimate):	\$ _____	_____ %
Current Year:	\$ _____	_____ %
First Prior Year:	\$ _____	_____ %

8. Please list all desired Named Insureds and any other subsidiary, associate, affiliated or allied company or corporation of which you have more than 50% ownership interest (attach a separate page if more space is needed).

Entity	Gross Revenues	Description of Operations	% Common Ownership
	\$		%
	\$		%
	\$		%
	\$		%
	\$		%

PRODUCTS INFORMATION

1. Please list your primary products below:

Product Name	Use or Application	Years on Market	% Sales
			%
			%
			%
			%
			%

2. Percentage of total sales to:

Manufacturers _____ % Wholesalers _____ % Retailers _____ % Consumers _____ %

3. If your products are used in connection with any of the following, please list % of sales.

Industry	% Sales	Industry	% Sales
Aircraft / Missile / Aerospace	%	Oil / Gas	%
Watercraft / Offshore	%	Energy (other than oil / gas)	%
Pharmaceutical	%	Consumer Goods	%
Cosmetics / Health & Beauty / Personal Care	%	Medical / Life Support	%
Pesticides / Herbicides / Fertilizers	%	Animal or Human Foods	%

4. Please list percentage of sales for each of the following:

Type of Operations	% Sales
Product mixing or blending	%
Product distribution with no mixing, blending, or repackaging	%
Product distribution with repackaging or labeling	%
Product manufacturing to own specifications	%
Product manufacturing to customer specifications	%
Product manufactured/processed by third parties	%
Broker / drop ship (no physical possession of product)	%
Other (Explain):	%

5. Do you or others on your behalf install or service your products? If yes, please attach a copy of your standard contract and show the percentage of sales generated by these operations below. Yes No

Installation: _____% Service/Maintenance: _____%

6. Do you have written quality control and testing procedures? Yes No

If yes, how long are records kept? _____

7. Are any of your products, components, or raw materials foreign made? Yes No

If yes, please describe:

8. Who designs your products?

PRODUCTS INFORMATION (CONTINUED)

9. Are designs reviewed, tested and verified by others? Yes No

If Yes, please describe their credentials:

10. Can you identify your product from those of competitors? Yes No

11. Do your records show when and where each product was manufactured? Yes No

12. Do your records show when and to whom each product was sold? Yes No

13. Do your records show the suppliers of component parts for your products? Yes No

14. Are your products designed, tested, labeled, and manufactured to meet or exceed all applicable government and industry standards? Yes No

15. Are all labels, instructions, operating manuals, advertisements and warranties periodically reviewed by outside counsel? Yes No

If Yes, how often? _____

16. Do you have a specific program to withdraw known or suspected defective products from the market? Yes No

17. Have you ever recalled or are you considering recalling any known or suspected defective products from the market? Yes No

If Yes, please explain:

18. Do you provide guarantees and/or warranties to purchasers? Yes No

If Yes, please explain:

19. Has your product ever been subject to any inquiry or investigation by any Governmental Authority? Yes No

If Yes, please explain:

20. Do you require evidence of Products Liability insurance from your suppliers? Yes No

21. Do suppliers/distributors hold you harmless or add you as an additional insured on their Products Liability insurance policies? Yes No

If Yes, please explain:

22. List any memberships in any industry product–standard organizations, trade associates, or professional associations.

POLLUTION LIABILITY FOR YOUR SITES **NOT APPLICABLE**

Location	Acreage	Description of Current Operations	Length of Operations (at this location)

PROPOSED COVERED LOCATION INFORMATION *Please attach details for any "Yes" answers*

1. Have there been any environmental assessments (Phase I, Phase II, etc.) performed at any location? If yes, attach copies. Yes No
2. Has any testing, remediation, or monitoring of soil or groundwater ever taken place at any of the locations, or is any planned? Yes No
3. Does the use of any of the locations require environmental permits? Yes No
4. Have there been any instances of water intrusion or water damage at any of the locations? Yes No
5. Has any building structure at any location been tested for lead-based paint, asbestos, or mold? Yes No
6. Has fill material ever been used at the property? Yes No
7. Are there any dry wells, leach fields, or oil/water separators at the property? Yes No
8. Is public water and sewer utilized? Yes No
9. Are there any plans for future development any locations? Yes No
10. Describe all adjacent properties (North, East, South, West):

11. Describe historical uses of the property:

WASTE HANDLING *Please provide details for all locations. Attach additional pages if more space is needed.*

1. Types of waste generated:

2. Describe waste treatment processes at each location:

3. How is waste removed from each location?

STORAGE TANKS

1. Are there storage tanks at any location? *If yes, please complete attached Tank Addendum.* Yes No

COMPLIANCE HISTORY *Please attach details for any "Yes" answers*

1. Are you aware of any notices of violations, fines, penalties, or complaints, or have you received any claims or suits relating to any pollution conditions? Yes No
2. Are you aware of any past or present pollution conditions or any circumstances which may or reasonably could give rise to a claim? Yes No
3. Are you aware of any non-compliance with any local, state, or federal environmental regulations, standards, or statutes? Yes No

CONTRACTING SERVICES POLLUTION LIABILITY **NOT APPLICABLE**

For purpose of this application, Contracting Services means work performed by you or on your behalf for a third party at a job site.

1. Describe any contracting services performed by you or on your behalf:

2. What are the annual receipts for all contracting services? \$ _____

3. Do you utilize subcontractors? Yes No

4. If yes, which services are subcontracted?

5. What are the annual receipts for all subcontracted activities? \$ _____

6. Do you collect certificates of insurance from all subcontractors, showing at least \$1,000,000 in General Liability coverage? Yes No

7. Are all subcontractors required to name you as an additional insured on their General Liability policy? Yes No

TRANSPORTATION POLLUTION LIABILITY **NOT APPLICABLE**

1. What are the annual receipts for all transportation activity, both first party and subcontracted? \$ _____

2. What percent of transport is performed on the applicant's behalf by another entity? _____ %

3. Please describe type and quantity of materials being transported:

Material Transported	Quantity
_____	_____
_____	_____
_____	_____
_____	_____

4. Does the applicant ever transport any hazardous or regulated material/waste? Yes No

5. Please select conveyance or transport means:

- Owned/Leased Vehicle Third Party Carrier Rail Air Watercraft

6. Does your auto liability insurance include a CA-9948 (Broadened Pollution Endorsement) Yes No

7. Please complete the following for all vehicles owned or operated by the named insured.

<u>Vehicle Type</u>	<u>No. of Vehicles</u>
Private Passenger	_____
Light Truck (0-10,000 Lbs. GVW)	_____
Medium Truck (10,001-20,000 Lbs. GVW)	_____
Heavy Truck (20,001-45,000 Lbs. GVW)	_____
Extra-Heavy Truck (Over 45,000 Lbs. GVW)	_____
Local Extra-Heavy Tractor (0-100 Mi radius of use)	_____
Intermediate Extra-Heavy Tractor (101-300 Mi radius of use)	_____
Long Haul Extra-Heavy Tractor (over 300 Mi radius of use)	_____

CLAIM INFORMATION

Please attach a description for any "Yes" responses, including details of the alleged incident, location, date, type of injury, etc.

- 1. Has any claim, suit, or notice of incident been made against you, a predecessor firm, or any entity that you wholly or partially own, manage, and/or control? Yes No
- 2. Are you, a predecessor firm, or any entity that you wholly or partially own, manage, and/or control aware of any incident, condition, circumstance, defect, or suspected defect in any product or work that may or reasonably could result in any claim, suit, or notice of incident or occurrence? Yes No
- 3. Are you, a predecessor firm, or any entity that you wholly or partially own, manage, and/or control aware of any complaint or notice filed with any governmental agency or industry regulatory body concerning your product(s)? Yes No
- 4. Have you, a predecessor firm, or any entity that you wholly or partially own, manage, and/or control been the subject of a disciplinary action as a result of professional activities? Yes No
- 5. Have you, a predecessor firm, or any entity that you wholly or partially own, manage, and/or control been involved in any pollution incidents on or at locations where professional services or contracting operations were performed? Yes No
- 6. Do you, a predecessor firm, or any entity that you wholly or partially own, manage, and/or control have knowledge of injury to people or damage to property on or at locations where professional services or contracting operations were performed? Yes No

FRAUD WARNING: *Not applicable in 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares 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.

DISCLAIMER

Signing of this application does not bind the applicant to the insurer to complete the insurance. The applicant's acceptance of the company's quotation is required before the applicant may be bound and a policy issued. Only the policy itself can confer specific coverage. The coverage applied for will be solely as stated in the policy and any endorsement thereto, and may not include all coverage and terms requested in this application.

Applicant's Signature

Date

Print Name

Title

The attached addendum is incorporated by reference into the application. Please include all storage tanks located at this facility. Attach additional schedules as needed.

STORAGE TANK ADDENDUM

Facility ID Number: _____
Location Address: _____

	Tank Number				
	1	2	3	4	5
Yr of Original Installation:					
UST or AST?					
Capacity (gallons):					
Currently in use?					
Single Wall (SW) or Double (DW)?					
Tank Construction Code:					
Contents:					
Secondary containment used?					
If Yes, indicate type of secondary containment used:					
Tank Leak Detection Method:					
Date of any tank retrofit, repair, lining or upgrade (attach description):					
Tank pad material:					
Year piping was installed:					
Piping Construction Code:					
Is piping underground? (Y/N)					
If Yes, length underground?					
For IL or IC tanks, when was this work completed?					
If UST, equipped with spill catchment basin and overflow prevention device?					
If UST, pressurized (PRS) or Suction (SUC) lines?					
If UST and pressurized lines (PRS), are line leak detectors installed?					

Construction Codes		Tank Leak Detection Methods	
FRP	Fiberglass	ATG	Automatic tank gauging/monitoring with monthly leak test
CPS	Steel tank with cathodic protection- NOT retrofit	IM	Interstitial monitoring (double walled system) – electronic sensor or monthly inspection of annular space
FCS	Steel clad with or enclosed (jacketed) in fiberglass	VM	Vapor monitoring wells used to look for vapors in soil
FLX	Flexible piping	GWM	Ground water monitoring wells used to detect liquid product floating in water.
IL	Steel tank retrofitted with interior lining	SIR	Statistical inventory reconciliation of data sent to an outside vendor for analysis every 30 days
IC	Steel tank retrofitted with cathodic protection (impressed current)	IC/ITT	Inventory control with tank tightness testing every 5 years. Daily “stick” measurements recorded and reconciled monthly. ONLY VALID FOR 10 YEARS AFTER INSTALLATION OF TANK
BS	Bare steel		
Secondary Containment (Diking) Codes		Manual	Manual tank gauging alone may only be used for tanks 1000 gallons or less capacity
A	Poured concrete		
B	Earthen berm with liner	Manual w/ Tightness Test	Manual tank gauging with tank tightness testing every 5 years may only be used for tanks 2000 gallons or less capacity. ONLY VALID FOR 10 YEARS AFTER INSTALLATION
C	Earthen berm without liner		
D	Other- attach description		