

**Americas Environmental**

**Facilities Pollution Coverage Application**

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**This Application is for a “claims-made and reported” Pollution and Remediation Legal Liability Policy.**

**Please read the APPLICANT INSTRUCTIONS below carefully and fill out this Application completely.**

**Throughout this Application, “you” and “your” shall mean all entities for whom coverage is sought.**

**References to “any location” refers to each location for which coverage is being requested herein.**

**APPLICANT INSTRUCTIONS:**

1. Please answer all questions; leave no blank spaces.
2. If any questions do not apply, or the answer is “No”, please indicate.

3. Fill out this Application completely for each location for which coverage is being requested herein. If this Application is for multiple locations, answers should consider every location requested and attach a schedule listing all locations to be considered for coverage, including physical address, description, occupancy and a summary of current and historic uses or business operations for each location.

4. **SECTION I – GENERAL INFORMATION**, **SECTION II – IN-FORCE POLLUTION LIABILITY COVERAGE SUMMARY**, **SECTION III** - **RECORD, COMPLIANCE HISTORY AND FUTURE SITE, and SECTION V – MOLD MATTER COVERAGE** must be completed in their entirety.

5. If the Applicant has any recent engineering/environmental reports, audits, studies or investigations (e.g., Phase I Environmental Site Assessment Reports, etc. and related materials) that have been conducted for any location for which coverage is being requested, Questions A. through I. under **SECTION IV – LOCATION DETAILS AND PROCEDURES INFORMATION** do not have to be completed, provided that these reports and the related materials can be used to answer all of the questions listed in this section for each location. Also, please attach complete copies of this documentation.

6. In addition to completing this Application, please attach copies of the following, if available:

1. Past five (5) years of loss runs for the Applicant’s Pollution Liability, General Liability (GL) and Property Policies pursuant to which there is potential coverage for any location.
2. Past two (2) years of the Applicant’s audited financial statements or a link to the Applicant’s website providing this information.

7. If the Applicant requests addition coverage(s) that are not addressed in this Application (i.e., Legionella, Landfills, Closure/Post-Closure, Products Pollution, etc.), the Company may require the completion of Supplemental Application(s) or the production of additional materials and information needed to properly evaluate the request.

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| **SECTION I – GENERAL INFORMATION**  |

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| --- | --- | --- |
|  | **APPLICANT NAME:** |  |
|  | Street Address: |       |
|  | City/State/Zip Code: |       |
|  | Contact Name: |       | Contact Title: |       |
|  | Telephone: |       | Fax: |       |
|  | E-mail: |       | Website: |       |

|  |  |  |
| --- | --- | --- |
|  | Federal Employer Identification Number: |       |
|  | USEPA Identification Number (if applicable): |       |
|  | Tax Exempt:  | [ ]  Yes  | [ ]  No | If yes, provide evidence of tax-exempt status. |

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|  | **Applicant is:** | [ ]  Partnership | [ ]  Corporation | [ ]  Joint Venture | [ ]  Other:  |       |
|  | [ ]  Public | or | [ ]  Private |

|  |  |  |  |  |  |  |  |
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|  | **Revenues:** | Estimated (Ensuing Year):  | 20   | $      | Previous Year:  | 20   | $      |

|  |  |
| --- | --- |
| 1.
 | **Location(s) and Description:**  |

|  |
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| **For each location for which coverage is being requested, complete the table below. If additional space is needed, please attach a list of locations or a current Statement of Values (SOV), along with their physical address, description, occupancy and a summary of current and historic uses or business operations for each location:** |

|  |  |  |
| --- | --- | --- |
| **Location Name** | **Location Address** | **Description and Summary of Current and Historic Uses or Business Operations**  |
|       |       |       |
|       |       |       |
|       |       |       |
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| **5.** | **Environmental Risk Management:** |
|  |
|  | **a.** | **Is environmental due diligence information available for all locations for which coverage is requested herein?** | **[ ]** Yes [ ]  No |
|  | If no, please provide a list of locations below without environmental due diligence information: |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **b.** | **Do you conduct environmental due diligence prior to leasing or purchasing a new location?** | **[ ]** Yes [ ]  No |
|  | If yes, please check the types of environmental due diligence commonly conducted: |
|  |
|  | **[ ]** Seller Warranty Statement  | [ ]  Seller Environmental Indemnity  |
|  | [ ]  Phase I Environmental Site Assessment  | [ ]  Phase II Investigation/Assessment  |
|  | [ ]  Property Condition Assessment |  |
|  | [ ]  Other:  |       |

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| --- | --- | --- | --- |
|  | **c.** | **Do you have written criteria for when a Phase II Investigation/Assessment is required?** | [ ]  Yes [ ]  No |
|  | If yes, please provide details below: |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **d.** | **Do you have in-house environmental risk management staff or an individual within your organization that has the responsibility of creating and implementing risk management practices?** | [ ]  Yes [ ]  No |
|  | If yes, please provide details below: |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **d.** | **Do you conduct due diligence and review facility compliance packages on Non-Owned Disposal Sites (NODS) to which your waste material is sent?** | [ ]  Yes [ ]  No |
|  | If yes, please provide details below: |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **e.** | **Where applicable, do you have Asbestos and Lead-Based Paint Management protocols in place for your locations?** | [ ]  Yes [ ]  No |
|  | If yes, please provide details below: |
|  |       |

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| **SECTION II – IN-FORCE POLLUTION LIABILITY COVERAGE SUMMARY** |

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| --- | --- |
| **1.** | **Please summarize your current in-force Pollution Liability coverage(s) in the table provided below, or, if none, put a check by the statement preceding the chart. If additional space is needed, please attach.** |

|  |  |
| --- | --- |
| [ ]  | **No current in-force pollution liability coverage for any location for which coverage is requested.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Carrier Name** | **Policy Period** | **Limits and/or****Sublimits of Liability** | **Self-Insured Retention Amount** | **Premium** |
|       |       | $      | $      | $      |
|       |       | $      | $      | $      |
|       |       | $      | $      | $      |

|  |  |  |
| --- | --- | --- |
| **2.** | **Has any insurance company canceled or non-renewed any pollution liability coverage?** | [ ]  Yes [ ]  No |
|  | If yes, please provide details below: |
|  |       |

|  |  |  |
| --- | --- | --- |
| **3.** | **Have there been any claims for coverage made and/or losses been incurred under any pollution liability policy issued to you?** | [ ]  Yes [ ]  No |
|  | If yes, please provide details below and attach loss runs: |
|  |       |

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| **SECTION III – RECORD, COMPLIANCE HISTORY, AND FUTURE PLANS AND INVESTIGATIONS** |

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| **A.** | **Record:** |

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| --- | --- | --- | --- |
|  | **1.** | **Have you ever been investigated, cited or prosecuted for contravention or violation of any standard or law relating to any release of pollutants/contaminants on, at, under or migrating from any location?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below: |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2.** | **For any location, have you ever had any pollution claims made against you, including, but not limited to, claims by private persons or entities, government agencies, Non-Owned Disposal Sites (NODS) owners/operators, or any other third-party?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below: |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **3.** | **Are you aware of any past or present contamination on, at, under or migrating from any location?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below: |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **4.** | **For any location, are you aware of any circumstances or conditions that may give rise to either a pollution condition or a claim against you that alleges or is based upon a pollution condition?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below: |
|  |       |

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| **B.** | **Compliance History:** |

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| --- | --- | --- | --- |
|  | **1.** | **Have you received any Notices of Violation (NOVs), fines, penalties, complaints, or other enforcement actions regarding compliance with any environmental law or permit at any location within the past five (5) years?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below: |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2.** | **Are there any statutes, standards, or other City, State or Federal regulations relating to the protection of the environment with which you cannot at present comply?** | [ ]  Yes [ ]  No |
|  | If yes, please provide details below: |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **3.** | **Has there been any past or is there any present or planned investigation, remediation, monitoring, or sampling to investigate or address potential or actual contamination on, at, under or migrating from any location?** | [ ]  Yes [ ]  No |
|  | If yes, please identify below the work that was, is being or will be performed, and attach copies of all related documents. |
|  |       |

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| **C.** | **Future Plans and Investigations:** |

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|  | **1.** | **Do you have any plans to sell or sublease any part of any location or sell any of the business operations performed at any location?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below: |
|  |       |

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|  | **2.** | **Are you aware of any plans for development, improvement, betterment, demolition at any location?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below: |
|  |       |

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|  | **3.** | **Are you aware of any plans to seek a change in the current use at any location?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below: |
|  |       |

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| --- | --- | --- | --- |
|  | **4.** | **Are you aware of any plans to seek a change in business operations at any location?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below: |
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|  | **5.** | **Do you have any plans to initiate or complete any studies, investigations, testing or monitoring for environmental conditions at any location?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below: |
|  |       |

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|  | **6.** | **Are you aware of any plans by a future prospective buyer or tenant to initiate or complete any studies, investigations, testing or monitoring for environmental conditions at any location?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below: |
|  |       |

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| **SECTION IV – LOCATION DETAILS AND PROCEDURES INFORMATION** |

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| **[ ]**  | **See attached documentation for answers to Questions A. through I. listed below.** |

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| **[ ]**  | **See answers to Questions A. through I. listed below.** |

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| **A.** | **Location Description:** |

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| --- | --- | --- |
|  | **1.** | **Size (total acreage) of each location:** |
|  |       |

|  |  |  |
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|  | **2.** | **Square footage under roof of each location:** |
|  |       |

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|  | **3.** | **For each location for which coverage is being requested, provide a list of current structures or buildings (i.e., type of building, age, construction, etc.), along with a summary of current occupants, uses or business operations performed and how long each of these uses or business operations been on-going by you or others:** |
|  |       |

|  |  |  |
| --- | --- | --- |
|  | **4.** | **Identify below how long each location has been under your control:** |
|  |       |

|  |  |  |
| --- | --- | --- |
|  | **5.** | **For each location for which coverage is being requested, provide a list of historic structures or buildings, along with a summary of historic occupants, past uses and past business operations that were performed, if different than those described in response to Question 4 of this section above. Also, identify the length of time that each of the businesses identified, if any, were ongoing, by either you or by others.** |
|  | **[ ]**  | No difference. |

|  |  |
| --- | --- |
|  | If different, please identify the location and provide summary below: |
|  |       |

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| **B.** | **Location Setting:** |

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|  | **1.** | **Provide a description below of adjacent land use for each location for which coverage is being requested:** |
|  | * **North:**
 |       |
|  | * **South:**
 |       |
|  | * **East:**
 |       |
|  | * **West:**
 |       |

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| --- | --- | --- | --- |
|  | **2.** | **Are there any nearby surface water bodies (i.e., streams, lakes, wetlands, etc.)?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below: |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **3.** | **Are there any protected environments in the area (i.e., parks, wildlife reserves, etc.)?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below: |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **4.** | **Are there any surface or groundwater uses in the area (i.e., drinking wells, etc.)?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below: |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **5.** | **Is public water and sewer used at each location?** | [ ]  Yes [ ]  No |
|  | If no, please identify location below and what is used in its place: |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **6.** | **Has a private well or septic system ever been used at any location?** | [ ]  Yes [ ]  No |
|  | If yes, please identify location and provide details below: |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **7.** | **Is any location within a 100-year flood plain?** | [ ]  Yes [ ]  No |
|  | If yes, please identify location below and state whether you obtained flood insurance coverage for this location: |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **8.** | **Is any location in an Earthquake Zone 1, 2, or 3 as defined by the International Organization of Standardization (ISO) or an otherwise seismically active area?** | [ ]  Yes [ ]  No |
|  | If yes, please identify location below and state whether you obtained earthquake coverage for this location on your property insurance. Also, describe any special precautions or emergency response procedures used to protect site equipment, as well as the size, nature and location of any containment structures and chemical/waste storage areas, etc. and identify the age of all aboveground and underground storage tanks. |
|  |       |

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| **C.** | **On-Site Materials:** |

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| --- | --- | --- | --- |
|  | **1.** | **Does any location use any raw or process materials (i.e., plating agents, degreasers, cleaning solvents, etc.)?** | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
|  | If no, please skip to Question IV.C.6. below: |
|  | If yes, please complete the table below. If additional space is needed, please attach. |

|  |  |  |
| --- | --- | --- |
| **Location / Description of Waste** | **Quantity of Material** | **Method of Storage** |
| **Per Year****(gallons)** | **At Any Time****(gallons)** | **Container Type** | **Secondary Containment** |
| *Example: 123 Acme Street / Waste Solvent* | *500* | *100* | *55-gallon drum* | *Segregated area with 110% volume* |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

|  |  |  |
| --- | --- | --- |
|  | **2.** | **Distance of raw materials/products/waste storage/processing/disposal areas to legal boundary of each location:** |
|  |
|  | [ ]  At location boundary | [ ]  < 50 feet from legal boundary | [ ]  > 50 feet from legal boundary |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **3.** | **For each location for which coverage is being requested, do all storage practices for raw materials or products meet all applicable Local, State and/or Federal requirements?** | [ ]  Yes [ ]  No |
|  | If no, please explain below: |
|  |       |

|  |  |  |
| --- | --- | --- |
|  | **4.** | **For each location for which coverage is being requested, describe the condition of past and current housekeeping practices at each location, including, handling and storage areas for raw materials and products.** |
|  |
|  | [ ]  Satisfactory  | [ ]  Needs Improvement | [ ]  Unsatisfactory |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **5.** | **Have you ever been cited for housekeeping issues or improper handling and/or storage of raw materials, products or wastes at any location?** | [ ]  Yes [ ]  No |
|  | If yes, please identity the location and provide details below: |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **6.** | **For each location for which coverage is being requested, are there any materials or products which you have ceased to handle within the past five (5) years?** | [ ]  Yes [ ]  No |
|  | If yes, please identity the location and provide details below: |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **7.** | **Does any location use any hazardous materials?** | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
|  | If yes, please complete the table below. If additional space is needed, please attach. |

|  |  |  |
| --- | --- | --- |
| **Location / Description of Hazardous Material** | **Quantity of Hazardous Material** | **Method of Storage** |
| **Per Year****(gallons)** | **At Any Time****(gallons)** | **Container Type** | **Secondary Containment** |
| *Example: 123 Acme Street / Solvent* | *500* | *100* | *55-gallon drum* | *Segregated area with 110% volume* |
|       |       |       |       |       |
|       |       |       |       |       |
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| **D.** | **Tank Storage:**  |

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|  | **1.** | **Does any location have Aboveground Storage Tanks (ASTs) or Underground Storage Tanks (USTs) for which coverage is being requested herein?** | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
|  | If no, please skip to Question IV.D.5. below. |
|  | If yes, please complete the table below and attach copies of storage tank tightness testing information (e.g., in-tank leak test receipt or manual tank gauging record, etc.) for each storage tank. If additional space is needed, please attach. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **AST or UST** | **Capacity (gallons)** | **Contents** | **Age (years)** | **Construction Material** | **Base Material** | **Secondary Containment****Type / Volume** | **Tightness Test Anniversary Date** |
| *Example: AST* | *5,000* | *Gasoline* | *7* | *Steel* | *Clay* | *Concrete* | *110%* | *7/4/2003* |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
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|  | **2.** | **Explain any tank inventory control and/or testing methods used and attach copies of the latest tank test results:** |
|  |       |

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| --- | --- | --- | --- |
|  | **3.** | **Are all USTs in compliance with the 1998 USEPA Standards for leak detection, overflow protection, and corrosion protection?** | [ ]  Yes [ ]  No |
|  | If no, please identify the location below and indicate which USTs are not in compliance and why: |
|  |       |

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|  | **4.** | **Distance of any tanks to the legal boundary for each location:** |
|  |
|  | [ ]  At location boundary | [ ]  < 50 feet from legal boundary | [ ]  > 50 feet from legal boundary |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **5.** | **Are you aware of any tanks previously existing at any location which have been removed, closed or abandoned-in-place?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and type of tank(s) below and confirm whether they were removed, closed or abandoned-in-place in accordance with applicable Local, State and/or Federal regulations: |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **6.** | **For any UST or AST, do you need to satisfy any Storage Tank Financial Assurance obligation(s)?** | [ ]  Yes [ ]  No |
|  | If yes, do you currently satisfy their applicable Storage Tank Financial Assurance Obligation(s)? | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and method below: |
|  |       |

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| **E.** | **Waste Generation, Air Emissions, and Wastewater Discharges:** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1.** | **Does any location generate, handle, store or dispose of any hazardous waste or materials?** | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
|  | If no, please skip to Question IV.E.4. below: |
|  | If yes, please complete the table below. If additional space is needed, please attach. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Location / Description of Waste** | **Quantity of Material** | **Method of Storage** | **Disposal Method or Site** |
| **Per Year****(gallons)** | **At Any Time****(gallons)** | **Container Type** | **Secondary Containment** |
| *Example: 123 Acme Street / Waste Solvent* | *500* | *100* | *55-gallon drum* | *Segregated area with 110% volume* | *Off-site. ABC Waste Company.* |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

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| --- | --- | --- | --- |
|  | **2.** | **Is any location a permitted Transfer, Storage or Disposal Facility (TSDF)?** | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
|  | **3.** | **For each location for which coverage is being requested, describe any other current waste treatment, storage or handling process/procedures:** |
|  |       |

|  |  |  |
| --- | --- | --- |
|  | **4.** | **For each location for which coverage is being requested, identify the types of past storage or disposal practices, by checking the applicable options below. If additional space is needed, please attach.** |

|  |  |  |
| --- | --- | --- |
|  | **[ ]**  | **No past storage or disposal practices at any location.** |
|  |
|  | [ ]  Lagoons | [ ]  Landfill | [ ]  Land Farming |
|  | [ ]  Pits | [ ]  Ponds | [ ]  Other:  |       |

|  |  |  |
| --- | --- | --- |
|  | **5.** | **For each location for which coverage is being requested, identify any effluent discharge points for wastewater and stormwater (attach copies of recent discharge monitoring results) and complete the table below, or, if none, put a check by the statement preceding the chart. If additional space is needed, please attach.** |

|  |  |  |
| --- | --- | --- |
|  | **[ ]**  | **No effluent discharge points for wastewater or stormwater at any location.** |

|  |  |  |
| --- | --- | --- |
| **Discharge ID** | **Location** | **Discharge Point** |
| *Example: 001* | *Along the river* | *Raging river* |
|       |       |       |
|       |       |       |
|       |       |       |

|  |  |  |
| --- | --- | --- |
|  | **6.** | **For each location for which coverage is being requested, identify types of air emissions (i.e., toxic gases, vapors, odors, dust, etc.) in the table below, or, if none, put a check by the statement preceding the chart. If additional space is needed, please attach.** |

|  |  |  |
| --- | --- | --- |
|  | **[ ]**  | **No types of air emissions at any location.** |

|  |  |  |
| --- | --- | --- |
| **Air Emissions** | **Volume / Year** | **Collection/Treatment** |
|       |       |       |
|       |       |       |
|       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **7.** | **Do you have any groundwater monitoring activities currently performed at any location?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and attach copies of monitoring results for the past year, along with a map showing well locations. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **8.** | **For each location for which coverage is being requested, do you have written Quality Control (QC) and Quality Assurance (QA) procedures for inspecting incoming materials and/or waste?** | [ ]  Yes [ ]  No |
|  | If yes, please attach copies of these procedures and identify location(s) these procedures apply to. |

|  |  |
| --- | --- |
| **F.** | **Fire Detection/Suppression Systems and Procedures:** |

|  |  |  |
| --- | --- | --- |
|  | **1.** | **Provide details below of the fire detection/suppression systems at each location for which coverage is being requested:** |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2.** | **Are the employees trained in fire/spill response and use of personal protective equipment?** | [ ]  Yes [ ]  No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **3.** | **Responding fire company is?** | [ ]  Paid  | [ ]  Volunteer  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **4.** | **Does the responding fire company make regular planned visits to any location and are they familiar with site emergency response procedures?** | [ ]  Yes [ ]  No |
|  | If yes, please indicate below frequency and date of last visit:  |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **5.** | **Has the fire company performed “mock” drills at any location listed herein?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and indicate below the frequency and date of last mock drill:  |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **6.** | **Is there a plan with the fire department to control run-off of, and contain, fire suppression water?** | [ ]  Yes [ ]  No |
|  | If yes, please explain plan below: |
|  |       |

|  |  |  |
| --- | --- | --- |
|  | **7.** | **What is the distance to the nearest fire hydrant, if a location does not have a sprinkler system?** |
|  |
|  |       feet;  | or | [ ]  the location has a sprinkler system. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **8.** | **Has the fire company been made aware of hazardous and/or incompatible materials used at any location?** | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| **G.** | **Visitor Controls/Safety:** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1.** | **For each location for which coverage is being requested, is there a written procedure in place for controlling visitors while on-site and ensuring their supervision?** | [ ]  Yes [ ]  No |
|  | If yes, please attach a copy: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2.** | **Are visitors informed or trained on exposures, safety, evacuation routes and off-limit areas?** | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| **H.** | **Site Security:** |

|  |  |  |
| --- | --- | --- |
|  | **1.** | **For each location for which coverage is being requested, provide a detailed description below of site security controls (e.g., ID checks, access controls, guards, perimeter fencing, security cameras, etc.)** |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2.** | **Are employee background checks performed on your new employees?** | [ ]  Yes [ ]  No |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **3.** | **Are employee background checks performed on your existing employees?** | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
|  | **4.** | **Describe below security controls and supervision of loading and unloading activities at the following areas, as applicable:** |
|  | * **Trucks:**
 |       |
|  | * **Railcar:**
 |       |
|  | * **Ship/Barge:**
 |       |
|  | * **Aircraft:**
 |       |
|  | * **Pipelines:**
 |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **5.** | **For each location for which coverage is being requested, is there a written facility terrorism prevention and response plan?** | [ ]  Yes [ ]  No |
|  | If yes, please attach a copy: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **6.** | **For each location for which coverage is being requested, is there a written cyber security program in place for your operations?** | [ ]  Yes [ ]  No |
|  | If yes, please attach a copy: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **7.** | **For each location for which coverage is being requested, has a vulnerability assessment been performed on your operations?** | [ ]  Yes [ ]  No |
|  | If yes, please attach a copy: |

|  |  |  |
| --- | --- | --- |
|  | **8.** | **Identify below who is in charge of your cyber security program.**  |
|  |       |

|  |  |
| --- | --- |
| **I.** | **Catastrophic Release/Risk Mitigation Plans:** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1.** | **Has each location developed a written program to prevent a catastrophic release (e.g., risk management plan, process safety management plan, etc.)?** | [ ]  Yes [ ]  No |
|  | If yes, please attach a copy: |

|  |  |  |
| --- | --- | --- |
|  | **2.** | **For each location for which coverage is being requested, have you developed any of the following?** |

|  |  |  |
| --- | --- | --- |
|  | **Preparedness, Prevention and Contingency (PPC) Plan?** | [ ]  Yes [ ]  No |
|  | If yes, please attach a copy. |  |

|  |  |  |
| --- | --- | --- |
|  | **Spill Prevention Control and Countermeasure (SPCC) Plan?** | [ ]  Yes [ ]  No |
|  | If yes, please attach a copy. |  |

|  |  |  |
| --- | --- | --- |
|  | **Spill Prevention Response (SPR) Plan?** | [ ]  Yes [ ]  No |
|  | If yes, please attach a copy. |  |

|  |  |  |
| --- | --- | --- |
|  | **Corporate Safety and Health (S&H) Plan?**  | [ ]  Yes [ ]  No |
|  | If yes, please attach a copy. |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **3.** | **Does any location have any other written emergency response plans or procedures in place not previously discussed in this Application?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below. In addition, please attach copies of all applicable information: |
|  |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **4.** | **Are your employees trained on these emergency response plans and procedures referenced in Question 3. above?** | [ ]  Yes [ ]  No |

|  |
| --- |
| **SECTION V – MOLD MATTER COVERAGE** |

|  |  |
| --- | --- |
| **[ ]**  | **Coverage for Mold Matter is not requested for any location.** |

|  |  |
| --- | --- |
| **[ ]**  | **Coverage for Mold Matter is requested, but no location is or will be for habitational uses or operations (i.e., hotels, residential housing, resorts, etc.).** |

|  |
| --- |
| **If coverage for Mold Matter is requested for any location where such location is or will be for habitational uses or operations, please answer Questions 1. through 11. below. If additional space is needed, please attach.** |

|  |  |  |
| --- | --- | --- |
| **1.** | **Location Name & Address:** |       |

|  |  |  |
| --- | --- | --- |
| **2.** | **Building Square Footage:** |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3.** | **Year Built or Renovated:** |       | **Age of Roof:** |       |

|  |  |  |
| --- | --- | --- |
| **4.** | **Any you aware of any construction defects at any location?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below: |
|  |       |

|  |  |  |
| --- | --- | --- |
| **5.** | **Are there any healthcare or senior living tenants at any location?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below: |
|  |       |

|  |  |  |
| --- | --- | --- |
| **6.** | **Have there been any past water leaks, floods or other water intrusion issues identified at any location?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below. In addition, please attach copies of all applicable information: |
|  |       |

|  |  |  |
| --- | --- | --- |
| **7.** | **Have there been any past mold or bacteria problems at any location within the last five (5) years?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below. In addition, please attach copies of all applicable information: |
|  |       |

|  |  |  |
| --- | --- | --- |
| **8.** | **For each location for which is coverage is requested, do you have a written Mold Management Plan in place?** | [ ]  Yes [ ]  No |
|  | If yes, please attach copies of all applicable documents: |

|  |  |  |
| --- | --- | --- |
| **9.** | **For each location for which is coverage is requested, are there humidity controls in place?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below. In addition, please attach copies of all applicable information: |
|  |       |

|  |  |  |
| --- | --- | --- |
| **10.** | **Is the HVAC System ever shut off/not in use for more than twenty-four (24) hours?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide details below. In addition, please attach copies of all applicable information: |
|  |       |

|  |  |  |
| --- | --- | --- |
| **11.** | **Have there been any odor or indoor air quality complaints, allergic reactions or any other health symptoms/problems reported at any location within the last five (5) years?** | [ ]  Yes [ ]  No |
|  | If yes, please identify the location and provide the details below. In addition, please attach copies of all applicable information, including but not limited to any investigations that were performed in response to these reported issues: |
|  |       |

**APPLICANT FRAUD WARNINGS**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**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 an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA APPLICANTS:**

**General: All applications for commercial insurance, other than liability insurance:** Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

**All applications for liability insurance and all claim forms:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a 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 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 or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance that such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**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 denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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

**WARNING**: **All Workers Compensation Insurance**:

Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of:

1. obtaining any benefit or payment,

2. increasing any claim for benefit or payment, or

3. obtaining workers' compensation coverage under the Administrative Workers' Compensation Act, shall be guilty of a felony punishable pursuant to Section 1663 of Title 21 of the Oklahoma Statutes.

**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.

**Automobile Insurance:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to $15,000.

**NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.**

**NOTICE TO 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 fines and confinement in prison.

**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 insurance benefits.

**Workers’ Compensation:** It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers’ compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO UTAH APPLICANTS: Workers’ Compensation:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**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, fines and denial of insurance benefits.

**NOTICE TO 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WEST VIRGINIA 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 ALL OTHER STATES:** Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

**NOTICE TO NEW YORK APPLICANTS: General: All applications for commercial insurance, other than automobile insurance:** 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.

**All applications for automobile insurance and all claim forms:** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**Fire:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

After reasonable inquiry, I warrant that the information and statements contained in this application for insurance are true and correct, and that no material facts have been withheld or misstated. I understand that this application, and all other materials and information submitted to the Company in connection with this application for insurance, are incorporated and made a part hereof. I also understand that the Company will rely upon the application, materials and information submitted in the underwriting process in the formation of any subsequent contract of insurance entered into.

I understand that the completion of this application does not bind coverage. Acceptance of a quotation from the Company is required prior to binding coverage with the Company.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Signature: |       |  Title: |       |
|  |
| Print Applicant’s Name: |       |  Date: |       |
|  |
| Agent/Broker Name: |       |