

**APPLICATION FOR ENVIRONMENTAL
 LIABILITY INSURANCE POLICY**

NOTICE: This is an application for a claims made and reported policy. The limit of liability under any policy to be issued in response hereto shall include both the indemnity payments and payment of legal expenses, as defined in the policy.

Please note that the limits of liability may be completely exhausted by the cost of legal defense. Any deductible or retention shall apply to investigation expense and defense costs as well as indemnity.

All questions in this application must be answered truthfully and completely for all persons or organizations applying for insurance under this application. If a question or section is not applicable, please answer "N/A". If the answer to a question is none, state "none" or "0". If more space is required to answer a question completely, please provide a separate attachment and identify the question to which it responds.

For purposes of this application, "you" and "your" refer to the named insured designated below and any officer, partner, director, manager or member thereof.

PLEASE PROVIDE THE FOLLOWING DOCUMENTS AND MATERIALS ALONG WITH THE COMPLETED ORIGINAL SIGNED AND DATED APPLICATION.

This application is a document that allows applicant to enter information in the empty sections. This document is configured so that each data entry section will expand to accommodate the information. A box for detailed commentary has been provided below each major section of the application

- Audited financials and/or 10K for the latest three (3) years.
 enclosed information to follow do not exist
- Schedule of environmental insurance policies for the past three (3) years, if any.
 enclosed information to follow do not exist
- Environmental surveys/audits, risk assessments, Environmental Site Assessments, Regulatory Correspondence conducted or in existence for any site for which this application is being made.
 enclosed information to follow do not exist

A. **GENERAL INFORMATION**

First Named Insured: _____

Address: _____

Telephone: _____

Date Established: _____

Website Address: _____ Applicant's Email: _____

Describe in detail the Named Insured's operations:

List all other insured's requesting coverage under this policy and describe the relationship to the Named Insured:

Name of Other Insured	Relationship to Named Insured

B. HISTORY

1. During the past five (5) years have you been, or are you currently being prosecuted for any violation of any standard or law relating to the release or threatened release of any hazardous substance or pollutant at or from any site into the environment?
No Yes If yes, describe in detail:

2. During the past five (5) years have there been any reportable discharges or releases of any hazardous substance or pollutant at or from any sites for which this application is being made?
No Yes If yes, describe in detail:

3. During the past five (5) years have there been any claims made against you resulting from the actual or alleged release of any hazardous substance or pollutant at or from any site for which this application is being made?
No Yes If yes, describe in detail:

4. During the past five (5) years have you reported any incidents, claims or occurrences of an environmental nature or dealing with any sort of contamination to any of your insurance carriers?
No Yes If yes, describe in detail:

5. Are you aware of any fact or circumstance that could reasonably be expected to result in a claim being made against you arising from the release of any hazardous substance or pollutant into the environment?
No Yes If yes, describe in detail:

C. INSURANCE REQUESTED

POLICY: New Renewal

POLICY PERIOD REQUESTED: _____ YEARS; PROPOSED INCEPTION DATE: _____

LIMITS OF INSURANCE REQUESTED: (may request multiple options)

- a. Each Pollution Incident _____
- b. Aggregate _____

RETENTION(S) REQUESTED: (may request multiple options)

\$25,000 \$50,000 \$100,000 \$250,000 ; or other below

EXISTING POLLUTION OR ENVIRONMENTAL INSURANCE

a. Do you currently have pollution liability insurance? Yes No

b. If answer to a. above is 'yes', please provide your current:

c. State the retroactive date of inforce claims-made insurance: _____

D. ENVIRONMENTAL MANAGEMENT AND COMPLIANCE

1. Manager/employee responsible for environmental matters: (IF MULTIPLE LOCATIONS PLEASE ADD ADDITION CONTACT INFORMATION HERE AS APPROPRIATE)

Name: _____
 Title: _____
 Phone: _____
 Email: _____

2. Describe the environmental duties of the manager/employee responsible for environmental matters:

3. Indicate any environmental permits applicable at any proposed insured site and if in compliance with same. If not in compliance, provide details:

E. INSURED SITE INFORMATION - Attach additional sheets as needed to provide the requested information.

1. Describe the physical operations including year built for the buildings/facilities at each proposed insured site:

Insured Site Address	Year Built	Do You Own Or Lease?	Operations Conducted

2. Describe previous occupancies and/or land use for each proposed insured site:

Insured Site Address	Previous Occupancy	Years Of Previous Occupancy

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3. Describe the surrounding, adjacent environments (one mile radius) of each proposed insured site, including, land use (industrial, residential, agricultural etc.), waterways and other natural resources and any sensitive receptors such as schools or hospitals

Insured Site	North	South	East	West

4. Describe any on-site waste disposal activities at each proposed insured site:

Insured Site	Landfills?	Impoundments?	Lagoons/Ponds?	Solvent Processing?	Incineration?

5. Describe off-site waste disposal processes:

Insured Site/ Generator	Waste Material	Annual Quantity	Disposal Facility	Transporter	Number Of Trips Annually	Distance Waste Is Transported

6. Are there on-going remediation projects at any proposed insured site? Yes No (if "yes", describe):

Insured Site	Nature Of Contamination	Date Of Incident	Remedial Method & Status

7. Is there existing contamination at any proposed insured site? Yes No (if "yes", describe):

Insured Site	Nature Of Contamination	Date Of Incident	Regulatory Status

ABOVE GROUND TANKS: N/A					
Product Contents	Capacity (in gals)	Age	Construction Material	Secondary Containment (Type)	Inventory Control Monitoring Frequency

*(See classes for Storage Tanks Information)

UNDERGROUND STORAGE TANKS (10% OR MORE OF TANK UNDERGROUND: N/A				
Tank No.	Contents	Capacity (in gals.)	Construction Materials	Piping Construction

Tank Age	PRECISION TESTING			LEAK DETECTION		CORROSION PROTECTION	
	Yes/No	Pass/Fail	Date Last Tested	Type	Age	Yes/No	Type

*(See classes for storage tank information)

*CLASSES FOR STORAGE TANK INFORMATION			
CONSTRUCTION	PRODUCT	LEAK DETECTION (For UST's Only)	PIPING CONSTRUCTION (For UST's Only)
FRP – Double-walled	Unleaded Gas	Tightness Testing	FRP -Double
FRP – Single-walled	Leaded Gas	Statistical Invent Analysis	FRP - Single
STI - P3 – Double	Diesel	In-Tank Gauge	Steel - Double
STI - P3 – Single	Kerosene	Interstitial Monitoring	Steel - Single
FRP/Steel Composite #2	Heating Oil	Soil Vapor Monitoring	Plastic - Double
Bare or Painted Steel	Lube Oil	Ground Water Monitoring	Plastic - Single
Concrete	Waste Oil	Other (specify)	
Other (specify)	Other (specify)		

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NOTICE TO APPLICANT - PLEASE READ CAREFULLY.

INFORMATION OR DATA CONTAINED IN OR SUBMITTED IN CONNECTION WITH THIS APPLICATION (OR OTHERWISE TO ANY OF THE MEMBER INSURERS OF CHUBB GROUP OF INSURANCE COMPANIES ("CHUBB") IN CONNECTION WITH THE UNDERWRITING PROCESS) DOES NOT CONSTITUTE NOTICE OF AN OCCURRENCE, WRONGFUL ACT, CLAIM, SUIT OR OTHER CIRCUMSTANCE AND DOES NOT SATISFY ANY OF THE REPORTING NOTIFICATION OR OTHER PROVISIONS OF ANY POLICY. ALL SUCH NOTICES MUST BE GIVEN SEPARATELY IN ACCORDANCE WITH THE APPLICABLE POLICY CONDITIONS.

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, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISON.

COMPLETION OF THIS APPLICATION DOES NOT BIND INSURANCE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING INSURANCE AND POLICY ISSUANCE.

CERTIFICATION

For the purposes of this application, the undersigned declares and acknowledges by clicking where indicated below that, he/she has reviewed this application and the statements contained therein with his/her Chief Executive Officer, Chief Financial Officer, Chief Operating Officer or their equivalents, and that to the best of their knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete.

Chubb is authorized to make any inquiry in connection with this application. Signing this application shall not constitute a binder or obligate Chubb to complete this insurance, but it is agreed this application shall be the basis upon which a policy may be issued.

If the statements in this application or in any attachment change materially before the effective date of any proposed policy, the applicant must notify Chubb, and Chubb may modify or withdraw any quotation.

You understand that the limit of liability under any policy to be issued in response hereto shall include both indemnity payments for claims and payment of claim and defense expenses, as defined in the policy.

The undersigned persons understand and further agree that the completion and signing of this APPLICATION neither binds Chubb to sell nor the Applicant to purchase the insurance.

PLEASE NOTE: ONLY DULY APPOINTED AGENTS OF CHUBB AND LICENSED BROKERS ARE AUTHORIZED TO SOLICIT APPLICATIONS FOR INSURANCE. AGENTS AND BROKERS ARE NOT AUTHORIZED TO BIND INSURANCE. NO INSURANCE SHALL BE PROVIDED UNLESS CHUBB ACCEPTS THE APPLICATION AND BINDS THE INSURANCE.

By signing below, applicant hereby certifies that the statements made and the information and data supplied herewith are true, accurate and complete.

<u>Authorized Signature of Applicant</u>		<u>Date</u>	
<u>Print Name</u>		<u>Title</u>	
Applicant		Authorized Agent (Please Print Name)	
Authorized Agent (Signature)		Title	Date
Submitted By (Insurance Agent)		Insurance Agency	
Agent License No. (For non-admitted placements a copy of valid surplus lines license will be required)			
Address (No., Street, City, State, and ZIP Code)			

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APPLICABLE IN:

ARKANSAS

ANY PERSON WHO KNOWINGLY PRESENTS 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.

COLORADO

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.

DISTRICT OF COLUMBIA

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.

FLORIDA

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.

KENTUCKY

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.

LOUISIANA

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.

MAINE

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

MARYLAND

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.

NEW JERSEY

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO

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.

NEW YORK

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.

OHIO

ANY PERSON WHO, WITH THE 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.

OKLAHOMA

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.

OREGON

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 MATERIAL FACT THERETO, MAY BE GUILTY OF AN INSURANCE FRAUD.

PENNSYLVANIA

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.

TENNESSEE, VIRGINIA AND WASHINGTON

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

RHODE ISLAND AND WEST VIRGINIA

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.

This is an application for a policy that may be issued in a state that requires us to advise you that if available, the following condition is added to your policy: All references in the policy to "spouse" include a party to a civil union or domestic partnership recognized under the applicable law of the jurisdiction having authority.

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