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| **THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY.** | | | | | | | | | | | | | | | | | | | |
| **Instructions:**  The applicant is responsible for obtaining and reviewing whatever records are available, whether in their possession or in the public domain, which are necessary to answer any of the questions in this application. If necessary, use additional sheets to provide the requested information. | | | | | | | | | | | | | | | | | | | |
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| APPLICANT | | | |  | | | | | | | | | | | | | | | |
| MAILING ADDRESSOF APPLICANT | | | |  | | | | | | | | | | | | | | | |
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| CITY, STATE, ZIP CODE | | | |  | | | | TELEPHONE | | | | | | | |  | | | |
| OPERATING BUDGET | | | | | | | |  | | | | | | | | | | | |
| **Please attach to this application:**   * List of the proposed Insured Property Address(es) * 5 year GL/Property loss run * Audited financials and/or 10-Ks for the past two (2) fiscal years | | | | | | | | * Any Environmental Site Assessment(s) available * Environmental Due Diligence Plan for acquisitions * Operations and Maintenance Plan/Water Intrusion Management Plan | | | | | | | | | | | |
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| **1. ACQUISITION INFORMATION** | | | | | | | | | | | | | | | | | | | |
| **A)** ARE PHASE I / PHASE II ENVIRONMENTAL ASSESSMENTS PERFORMED ON ACQUIRED PROPERTIES? | | | | | | | | Yes | | | No | | | | N/A | | | | As needed |
| **B)** ARE PHASE I / PHASE II ENVIRONMENTAL ASSESSMENTS PERFORMED ON “GIFTED” PROPERTIES? | | | | | | | | Yes | | | No | | | | N/A | | | | As needed |
| **C)** HOW MANY PROPERTIES HAVE BEEN ACQUIRED OR RECEIVED IN THE PAST 5 YEARS? | | | | | | | | | | | | | | |  | | | | |
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| **2. CONTRACTING ACTIVITIES** | | | | | | | | | | | | | | | | | | | |
| **A)** DO YOU PERFORM CONTRACTING OR SERVICE OPERATIONS (i.e.: street & road maintenance, construction, chemical spraying/dusting, etc.) OUTSIDE THE BOUNDARIES OF YOUR OWNED OR LEASED PROPERTY(S)? | | | | | | | | | | | | | | | Yes | | | No | |
| *If “yes”, please provide details.* | | | | | | | |  | | | | | | | | | | | |
| **B)** IF YES, PLEASE PROVIDE THE ANNUAL BUDGET FOR THESE ACTIVITIES. | | | | | | | | | | | | | | | $ | | | | |
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| **3. TRANSPORTATION** | | | | | | | | | | | | | | | | | | | |
| **A)** DO YOU HAVE ANY OPERATIONS THAT REQUIRE THE TRANSPORTATION OF ANY HAZARDOUS MATERIALS (i.e. garbage collection and disposal services)? | | | | | | | | | | | | | | | Yes | | | No | |
| *If “yes”, provide details including number of vehicles transporting hazardous vehicles.* | | | | | | | |  | | | | | | | | | | | |
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| **4. NON-OWNED DISPOSAL SITES** | | | | | | | | | | | | | | | | | | | |
| **A)** DO YOU REQUIRE DISPOSAL OF ANY HAZARDOUS MATERIALS AS PART OF ITS OPERATIONS? | | | | | | | | | | | | | | | Yes | | | No | |
| **B)** IF YES, PLEASE DESCRIBE MATERIALS AND QUANTITY (attach additional sheets if necessary) | | | | | | | | | | | | | | | | | | | |
| **MATERIAL** | | | | | **ANNUAL VOLUME** | | | | | | | | **DISPOSAL FACILITY** | | | | | | |
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| **5. MUNICIPAL RESPONSIBILITIES** | | | | | | | | | | | | | | | | | | | |
| **A)** DO YOU OWN OR OPERATE OR ARE YOU RESPONSIBLE FOR AN ELECTRICAL OR NATURAL GAS UTILITY? | | | | | | | | | | | | | | | Yes | | | No | |
| *If “yes”, please provide details.* | | | | | | | |  | | | | | | | | | | | |
| **B)** DO YOU OWN OR OPERATE OR ARE YOU RESPONSIBLE FOR ANY AIRPORTS, SUBWAYS, LIGHT RAIL, OR OTHER TRANSPORTATION CENTERS OR CONVEYANCES? | | | | | | | | | | | | | | | Yes | | | No | |
| *If “yes”, please provide details.* | | | | | | | |  | | | | | | | | | | | |
| **C)** DO YOU OWN OR OPERATE OR ARE YOU RESPONSIBLE FOR A TRANSIT OR PUBLIC WORKS MAINTENANCE GARAGE? | | | | | | | | | | | | | | | Yes | | | No | |
| *If “yes”, please provide details.* | | | | | | | |  | | | | | | | | | | | |
| **D)** DO YOU OWN OR OPERATE OR ARE YOU RESPONSIBLE FOR ANY FORMER MANUFACTURED GAS PLANTS? | | | | | | | | | | | | | | | Yes | | | No | |
| *If “yes”, please provide details.* | | | | | | | |  | | | | | | | | | | | |
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| **6. WASTE TREATMENT & DISPOSAL** | | | | | | | | | | | | | | | | | | | |
| **A)** DO YOU OWN OR OPERATE A WATER TREATMENT / SUPPLY PLANT OR ARE YOU RESPONSIBLE FOR WATER TREATMENT AND SUPPLY? | | | | | | | | | | | | | | | Yes | | | No | |
| *If “yes”, please provide details.* | | | | | | | |  | | | | | | | | | | | |
| **B)** DO YOU OWN OR OPERATE A WASTE WATER TREATMENT PLANT OR ARE YOU RESPONSIBLE FOR WASTE WATER TREATMENT AND HANDLING? | | | | | | | | | | | | | | | Yes | | | No | |
| *If “yes”, please provide details.* | | | | | | | |  | | | | | | | | | | | |
| **C)** DO YOU OWN OR OPERATE OR ARE YOU RESPONSIBLE FOR ANY INCINERATORS, OR CHEMICAL RECYCLING OR COMPOSTING FACILITIES? | | | | | | | | | | | | | | | Yes | | | No | |
| *If “yes”, please provide details.* | | | | | | | |  | | | | | | | | | | | |
| **D)** DO YOU OWN OR OPERATE OR ARE YOU RESPONSIBLE FOR ANY LANDFILL SITES? | | | | | | | | | | | | | | | Yes | | | No | |
| *If “yes”, please describe materials and quantity (attach additional sheets if necessary).* | | | | | | | | | | | | | | | | | | | |
| **LANDFILL ADDRESS** | | **LANDFILL TYPE (Municipal Waste, Construction / Demolition Waste or Hazardous Waste)** | | | | | | | **OPEN OR CLOSED** | | | **CLOSURE DATE** | | | **DESCRIPTION OF LINER SYSTEM / MATERIALS** | | | | |
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| **7. STORAGE TANKS** | | | | | | | | | | | | | | | | | | | |
| **A)** ARE THERE OR WERE THERE EVER ANY ABOVEGROUND OR UNDERGROUND STORAGE TANKS LOCATED ON THE PROPERTY? | | | | | | | | | | | | | | | Yes | | | No | |
| *If “yes”, but are no longer in use, have the tanks been closed in accordance with applicable regulations?* | | | | | | | | | | | | | | | Yes | | | No | |
| *If “yes”, please attach evidence of proper closure (NFA letter, closure letters, etc.).* | | | | | | | | | | | | | | | | | | | |
| **Please complete the table below for any underground or aboveground storage tanks at a site that you own or operate (attach additional sheets if necessary).** | | | | | | | | | | | | | | | | | | | |
| **SITE ADDRESS OF TANK** | **AST/UST** | | **MATERIAL STORED** | | | **VOLUME** | **TANK CONSTRUCTION** | | | **AGE** | | | | **CORROSION PROTECTION METHOD** | | | **LEAK DETECTION METHOD** | | |
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| **8. INDOOR AIR QUALITY** | | | | | | | | | | | | | | | | | | | |
| **A)** HAVE ANY WATER OR INDOOR AIR QUALITY RELATED CONSTRUCTION/MAINTENANCE DEFECTS BEEN ENCOUNTERED (including but not limited to HVAC system problems, leaks in the roof, windows or siding, as well as broken plumbing or sewer backups)? | | | | | | | | | | | | | | | Yes | | | No | |
| *If “yes”, what are they and how have they been addressed?* | | | | | | | |  | | | | | | | | | | | |
| **B)** ANY PROPERTIES LOCATED IN A 100-YEAR FLOOD PLAIN OR AN AREA SUBJECT TO PERIODIC PONDING OR FLOODING? | | | | | | | | | | | | | | | Yes | | | No | |
| *If “yes”, when was the last time the building was impacted by such ponding or flooding and to what extent? What precautions are in place to mitigate future damage?* | | | | | | | |  | | | | | | | | | | | |
| **C)** HAVE ANY OF THE BUILDINGS HAD MOLD GROWTH IN WHICH REMEDIATION COSTS EXCEEDED $25,000? | | | | | | | | | | | | | | | Yes | | | No | |
| **D)** HAVE ANY INDOOR AIR QUALITY / MOLD STUDIES OR INSPECTIONS BEEN DONE? | | | | | | | | | | | | | | | Yes | | | No | |
| *If “yes”, please provide a copy.* | | | | | | | | | | | | | | | | | | | |
| **E)** HAVE THERE BEEN ANY FORMAL THIRD PARTY COMPLAINTS FOR INDOOR AIR QUALITY OR OUTBREAKS OF LEGIONELLA PNEUMOPHILA AT ANY OF THE PROPERTIES? | | | | | | | | | | | | | | | Yes | | | No | |
| *If “yes”, please attach a full description of each incident including cause of loss, mitigation of loss and any costs associated with the loss.* | | | | | | | | | | | | | | | | | | | |
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| **9. WARRANTY STATEMENTS** | | | |
| **A)** IN THE LAST FIVE (5) YEARS, HAS THE APPLICANT HAD ANY REPORTABLE RELEASES OR SPILLS OF HAZARDOUS SUBSTANCES, HAZARDOUS WASTES, OR ANY OTHER POLLUTANTS AS DEFINED BY APPLICABLE ENVIRONMENTAL STATUES OR REGULATIONS? | | Yes | No |
| *If “yes”, please provide details.* |  | | |
| **B)** IN THE LAST FIVE (5) YEARS, HAS THE APPLICANT BEEN PROSECUTED OR IS THE APPLICANT CURRENTLY BEING PROSECUTED FOR CONTRAVENTION OF ANY STANDARD OR LAW RELATING TO THE RELEASE OR THREATENED RELEASE OF A HAZARDOUS SUBSTANCE, HAZARDOUS WASTE OR OTHER POLLUTANT AS DEFINED BY APPLICABLE ENVIRONMENTAL STATUTES OR REGULATIONS? | | Yes | No |
| *If “yes”, please provide details.* |  | | |
| **C)** LIST ALL CLAIMS MADE AGAINST THE APPLICANT DURING THE PAST FIVE (5) YEARS FOR CLEANUP OR RESPONSE ACTION, “TOXIC TORT” OR OTHER BODILY INJURY, OR PROPERTY DAMAGE, RESULTING FROM THE RELEASE OF HAZARDOUS SUBSTANCES, HAZARDOUS WASTE, OR OTHER POLLUTANT, FROM THIS LOCATION OR OTHER LOCATIONS OWNED OR OPERATED BY THE APPLICANT, INTO THE ENVIRONMENT. | | None to report | |
| *Attach a brief description of the claim(s) and their disposition.* | | | |
| **For the purpose of question 9 d) below, “you” means the manager or supervisor of the applicant responsible for environmental affairs, control or compliance, or any manager of the location(s) which is the subject of this application, or any officer, official, director or partner of the applicant.** | | | |
| **D)** AT THE TIME OF THE SIGNING OF THIS APPLICATION, DO YOU KNOW ANY FACTS OR CIRCUMSTANCES WHICH MAY REASONABLY BE EXPECTED TO RESULT IN A CLAIM OR CLAIMS BEING ASSERTED AGAINST YOUR COMPANY FOR ENVIRONMENTAL CLEANUP, OR FOR BODILY INJURY OR PROPERTY DAMAGE ARISING FROM THE RELEASE OF POLLUTANTS INTO THE ENVIRONMENT? | | Yes | No |
| *If “yes”, attach details to application.* |  | | |
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**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 Company's quotation and Company's written agreement to be bound are required to bind coverage and to issue a policy. It is agreed that this form shall be the basis of the contract should a policy be issued, and will be attached to the policy and made a part thereof.

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.

If an order to bind coverage is received, the application will be attached to the policy so it is necessary that all questions be answered in detail.

The applicant understands and recognizes that this Policy is issued based upon the Company's reliance on the accuracy of the information disclosed and the truth of the statements made herein and in the disclosure process. The applicant further recognizes that any breach of the foregoing warranties could have a material adverse affect on the Company.

The applicant further declares, warrants and represents that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

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.

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| Applicant |  | Signature of Officer or Owner |
| Date |  | Print Name and Title |