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## FACILITIES POLLUTION APPLICATION

### APPLICANT INSTRUCTIONS:

1. Answer all questions; leave no blank spaces. Sections I through III must be completed in their entirety. If you have up-to-date engineering reports (e.g., Phase I Environmental Site Assessment Report), Section IV does not have to be completed.
2. If any questions do not apply, or the answer is “no”, please indicate.
3. If multiple locations, answer the questions that pertain to any of the properties and attach a property schedule that lists location, description and use.
4. Please attach the following information, if available:
  - Past five (5) years loss runs history.
  - Past two (2) years audited financial statements.
5. If Business Interruption Coverage is desired, please attach a business interruption/income worksheet for each location.
6. For Chemical Facilities, please attach the Chemical Facilities Pollution Supplemental Application.
7. For Landfills, please attach the Landfill Pollution Supplemental Application.
8. For Mold Coverage, please attach the Mold Supplemental Application.
9. For Remediation Stop Loss, please attach the RSL Pollution Supplemental Application.



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## FACILITIES POLLUTION APPLICATION

**This Application Is For A “Claims-Made and Reported” Pollution and Remediation Legal Liability Policy**

**PLEASE READ IT CAREFULLY AND FILL IT OUT COMPLETELY.**

### SECTION I – GENERAL INFORMATION

**1. APPLICANT NAME:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Web Site: \_\_\_\_\_ Address: \_\_\_\_\_  
 Federal Employer Identification Number: \_\_\_\_\_  
 EPA Identification Number: (If Applicable) \_\_\_\_\_  
 Tax Exempt  Yes  No If yes, provide evidence of tax exempt status.

**2. FIRM IS:**  Partnership  Corporation  Joint Venture  Other  
 Public or  Private

**3. REVENUES:** Estimated (Ensuing Year): 20 \$ \_\_\_\_\_ Previous Year: 20 \$ \_\_\_\_\_  
 Attach the Company's most recent annual report, marketing brochure and past two years audited financial statements.

**4. PROPERTY (LOCATION) DESCRIPTION:**

Name	Address	Brief Description

**SECTION II – IN-FORCE POLLUTION COVERAGE**

**1. CURRENT POLLUTION COVERAGE PROVIDED UNDER OTHER POLICIES**

Whether full pollution coverage or sudden/accidental named peril coverage, please provide a copy of the policy and/or endorsements.

<u>Current Carrier</u>	<u>Term</u>	<u>Limits or Sub-limits</u>	<u>Self-Insured Retention</u>	<u>Premium</u>

- a. Has any insurance company denied, canceled or non-renewed pollution liability coverage?  
 Yes  No  
 If Yes, give details:

**SECTION III – RECORD, COMPLIANCE HISTORY AND FUTURE SITE PLANS**

**1. RECORD:**

- a. Have you ever been investigated, cited and/or prosecuted for contravention or violation of any standard or law relating to any release of pollutants?  
 Yes  No  
 If yes, give details:
- b. Have you ever had any pollution claims including, but not limited to, claims by private persons, entities government agencies or other third parties?  
 Yes  No  
 If yes, please describe:
- c. Are you aware of any past or present contamination on-site or emanating from the site(s), or any circumstances which may reasonably be expected to give rise to a claim or generate a request for coverage under this policy?  
 Yes  No  
 If yes, please explain:

**2. COMPLIANCE HISTORY:**

- a. Have you received any notices of violation, fines, penalties, complaints, or other enforcement actions regarding compliance with environmental law within the past 5 years?  
 Yes  No  
 If yes, please explain:
- b. Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at present comply?  
 Yes  No  
 If yes, please explain:

- c. Has there been any past, present or planned remediation, monitoring, or sampling to investigate potential contamination?  
 Yes  No  
If yes, please provide explanation and attach copies.
- d. Have any prior environmental studies, reports, or audits been prepared for the locations listed herein?  
 Yes  No  
If yes, attach copies and explain why they were done:

**3. FUTURE SITE PLANS:**

- a. Are there any future plans to sell or sublease any of the locations listed herein?  
 Yes  No  
If yes, please explain:
- b. Are there any known plans for future development, improvement, betterment, demolition or plans for changes in site operations at the locations listed herein?  
 Yes  No  
If yes, please explain:

**SECTION IV – DETAILED PROPERTY AND PROCEDURES INFORMATION**

**Please attach any environmental audits or studies that have been conducted for each location listed herein. If these audits or studies are of recent vintage and answer the questions below, this Section IV does not have to be completed.**

**1. PROPERTY DESCRIPTION:**

- a. Total acreage:
- b. Square footage under roof:
- c. What structures are currently on this property (i.e., type of building, age, construction):
- d. List the current occupants and operations at this property?
- e. How long have these operations been ongoing?
- f. Have there been any changes in operations within the past three (3) years?  
 Yes  No  
If yes, please explain:
- g. How long has the site been controlled by the Applicant?

- h. What types of operations have been performed at the property in the past, if different than those described above, by either the Applicant or others?
- i. How long have those other operations been performed?

**2. PROPERTY SETTING: (Attach Plot Plan)**

- a. Provide a description of adjacent land use:

North: \_\_\_\_\_

South: \_\_\_\_\_

East: \_\_\_\_\_

West: \_\_\_\_\_

- b. Are there any nearby surface water bodies (i.e. streams, lakes, wetlands)?  
 Yes  No  
 If Yes, please explain:

- c. Are there any protected environments in the area (parks, wildlife reserves, etc.)?  
 Yes  no  
 If Yes, please explain:

- d. Are there any surface or groundwater uses in the area (drinking wells, etc.)?  
 Yes  No  
 If Yes, please explain:

- e. Is public water and sewer used on site?  
 Yes  No  
 If No, identify what is used in its place:

- f. Has a private well or septic system ever been used on-site?  
 Yes  No  
 If Yes, please explain:

- g. Is the property located within a 100-year flood plain?  
 Yes  No  
 If Yes, have you obtained flood insurance coverage?  
 Yes  No

- h. Is the property located in an Earthquake Zone 1, 2, or 3 as defined by ISO or an otherwise seismically active area?  
 Yes  No  
  
 If Yes, have you obtained earthquake coverage on your property insurance?  
 Yes  No

- i. If the property is located in an Earthquake Zone 1, 2, or 3 as defined by ISO or an otherwise seismically active area, please describe any special precautions or emergency response procedures used to protect site equipment, tankage, containment, chemical/waste storage areas, etc.

**3. ON-SITE MATERIALS:**

- a. Do you have any raw materials or process materials used at location (Plating agents, degreasers, cleaning solvents, etc.)?

Yes  No

If Yes, Please complete the chart below:

QUANTITY OF MATERIAL			METHOD OF STORAGE	
Description	Per Year	Any One Time	Type (i.e., drum, etc)	Secondary Containment

- b. Distance of raw materials/products/waste storage/processing/disposal areas to boundary of property.

At boundary       < 50 feet from boundary       > 50 feet from boundary

- c. Do all storage practices for raw materials or products meet all applicable local, state and/or federal requirements?

Yes  No

If No, please explain:

- d. Describe the condition of past and current housekeeping at the site including handling and storage areas for raw materials and products.

Satisfactory       Needs Improvement       Unsatisfactory

- e. Have you ever been cited for housekeeping issues or improper handling and/or storage of raw materials, products or wastes?

Yes  No

If Yes, please explain:

- f. Are there any materials or products which you have ceased to handle within the past 5 years?

Yes  No

If Yes, please identify:

**4. TANK STORAGE:**

- a. Does this property have any aboveground or underground storage tanks?

Yes  No

If Yes, please complete the chart below. If No, skip to question #5.

AST or UST	Capacity (gal.)	Contents	Age (yrs.)	Construction Material	Base Material	Secondary Containment		Tightness Test Anniversary Date
						Type	Volume	
EXAMPLE: AST	5,000	Gasoline	7	Steel	Clay	Concrete	110%	7/4/03

b. Explain any tank inventory control and/or testing methods used (Attach latest tank test results):

c. Are all underground storage tanks in compliance with the 1998 US EPA Standards for leak detection, overflow protection, and corrosion protection?

Yes  No

If No, indicate which tanks are not in compliance:

d. Distance of the tanks to the boundary of the property:

At boundary       < 50 feet from boundary       > 50 feet from boundary

e. Are you aware of any tanks previously existing at the site which have been removed or closed in place?

Yes  No

If yes, were they closed in accordance with applicable local, state and federal regulations?

Yes  No

#### 5. FACILITY WASTE GENERATION, AIR EMISSIONS, AND WASTEWATER DISCHARGES

a. Does this property generate, handle, store or dispose of any hazardous waste or materials?

Yes  No

If yes, please complete the chart below.

Description of Waste	Amount Per Year	At Any Time	Method of Storage		Disposal Method or Site
			Container Type	Secondary Containment	
Example: Waste Solvent	500 gals.	100 gal.	55-gal. drum	Segregated area with 110% volume	Off-site. ABC Waste Company.

b. Is the property a permitted TSD Facility?

Yes  No

c. Description of other waste treatment and/or storage and/or handling process/procedures:

d. Identify any past storage or disposal practices at the site.

Lagoons       Landfill       Land farming  
 Pits       Ponds       Other \_\_\_\_\_

- e. Identify effluent discharge points for wastewater and stormwater (Attach discharge monitoring results):

<u>Discharge Id</u>	<u>Location</u>	<u>Discharge Point</u>
Example: 001	Along river	Raging river

- f. Identify types of air emissions (i.e. toxic gases, vapors, dust, etc.).

<u>Air Emissions</u>	<u>Volume/Yr.</u>	<u>Collection/Treatment</u>

- g. Do you have any groundwater monitoring activities at the location(s)?  
 Yes  No  
 If Yes, Attach monitoring results for the past year and a map showing well locations.
- h. Do you have Quality Control/Assurance Procedures for inspecting incoming materials and/or waste?  
 Yes  No  
 If Yes, please attach.

**6. FIRE DETECTION/SUPPRESSION SYSTEMS AND PROCEDURES:**

- a. Provide detail of fire detection/suppression systems.
- b. Are your employees trained in fire/spill response and use of personal protective equipment?  
 Yes  No
- c. Responding fire company is?  
 Paid  Volunteer
- d. Does the responding fire company make regular planned visits to the location and are they familiar with site emergency response procedures?  
 Yes  No  
 If yes, indicate frequency and date of last visit:.
- e. Has the fire company performed "mock" drills at the property?  
 Yes  No  
 If yes, indicate frequency and date of last mock drill:
- f. 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:

- g. What is the distance to the nearest fire hydrant if the facility does not have a sprinkler system?  
\_\_\_\_\_ feet.
- h. Has the fire company been made aware of hazardous and incompatible materials used on-site?  
 Yes  No

**7. VISITOR CONTROLS/SAFETY:**

- a. Is a procedure in place for controlling visitors while on-site and ensuring their supervision?  
 Yes  No  
If yes, please explain:

- b. Are visitors informed or trained on exposures, safety, evacuation routes and off-limit areas?  
 Yes  No

**8. SITE SECURITY**

- a. Provide a detailed description of site security controls (e.g., ID checks, access controls, guards, perimeter fencing, security cameras, etc.)

- b. Are employee background checks performed on new employees?  
 Yes  No

- c. Are employee background checks performed on existing employees?  
 Yes  No

- d. Describe security controls and supervision of loading and unloading activities at the following areas:

Trucks: \_\_\_\_\_  
 Railcar: \_\_\_\_\_  
 Ship/Barge: \_\_\_\_\_  
 Aircraft: \_\_\_\_\_

- e. Has the facility developed a facility terrorism prevention and response plan?  
 Yes  No  
If yes, please explain and attach a copy:

**9. CATASTROPHIC RELEASE/RISK MITIGATION PLANS**

- a. Has the facility developed a program to prevent catastrophic release (e.g., risk management plan, process safety management plan, etc.)?  
 Yes  No  
If yes, please attach a copy:

- b. Has the facility developed the following approved plans?  
 PPC and/or SPCC Plan:  Yes  No  
 Corporate Safety and Health Plan:  Yes  No

- c. Does the facility have other emergency response plans or procedures in place?  
 Yes  No

If yes, please explain:

- d. Are employees trained on these emergency response plans?  
 Yes  No

## FRAUD WARNINGS

**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 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 D.C. 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 insurance company 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 HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 NEW YORK COMMERCIAL INSURANCE APPLICANTS, EXCEPT AUTOMOBILE INSURANCE 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 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.

**NOTICE TO NEW YORK APPLICANTS FOR AUTOMOBILE INSURANCE:** 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.

**NOTICE TO NEW YORK APPLICANTS FOR FIRE INSURANCE:** 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.

**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.

**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.

**NOTICE TO PENNSYLVANIA APPLICANTS FOR AUTO 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 to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term 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 benefitor 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.

**NOTICE TO TENNESSEE APPLICANTS: 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 STATE APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

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

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

*(Fraud Language Revised 04/01/10)*

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_