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REMEDATION STOP LOSS (RSL) COVERAGE PROJECT-SPECIFIC APPLICATION

SECTION I – APPLICANT INFORMATION:

1. APPLICANT NAME: _____

First Named Insured, if different: _____

Additional Named Insured(s), if any: _____

First Named Insured Address: _____

Principal Contact: _____

Title: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Company Website: _____

Federal Employer Identification Number: _____

EPA Identification Number (if applicable): _____

2. First Named Insured is a:

Partnership Corporation Joint Venture Other Public Private

3. Insured Revenues:

Estimated for Ensuring Year: 20____ \$_____ Previous Year: 20____ \$_____

Attach the Insured’s most recent annual report, marketing brochure and past two (2) years of audited financial statements.

Application Instructions:

- Please read this application carefully and answer all questions; leave no blank spaces. Utilize "N/A" for questions which are not applicable to your specific project.
- If insufficient space is provided to answer any question completely, attach supplementary pages.
- This Application must be signed and dated by a duly authorized Owner, Partner or Officer of the Applicant.

Applicants are to submit the following additional items for the primary remediation Consultant / Contractor retained to complete the covered Scope of Work (SOW) at the Remediation Project Site(s) with this application:

- Final Remedial Action Plan (RAP).
- Detailed cost estimates (by tasks), along with assumptions and contingencies used in development of these costs.
- Tentative project schedule to complete the covered SOW.
- Copy of the executed Remediation Contract/Agreement, Request for Proposal (RFP), Bid Specifications or other bid documents between the primary named insured(s) and the property owner which identifies the covered SOW.
- Statement of Qualifications (SOQ) including resumes of key personnel associated with the specific project, along with examples documenting the Company's ability to successfully complete projects with similar size, scope and regulatory environment.
- Evidence of performance and payment bonds for the project, if any.
- Evidence of pollution liability and/or professional errors and omissions insurance coverage.
- Past five (5) years of Professional, Pollution and General Liability loss runs.
- Past two (2) years of financial statements (audited preferred), including Accountant Notes, Balance Sheet and Income Statement for the primary named insured(s).

SECTION II – PROJECT-SPECIFIC INFORMATION:

1. a.) Remediation Project Site(s): _____
b.) Site Address: _____
c.) Size and Description _____

2. a.) Summarize historic uses of the Remediation Project Site(s) and remediation activities completed to date, if any.

b.) Identify the current owner of the Remediation Project Site(s) and the existing property use.

- c.) Has the Applicant worked with the current property owner in the past? Yes No
If yes, please provide details:
-

3. a.) What is the proposed future use of the Remediation Project Site(s)?

- b.) Is it anticipated that ownership of the Remediation Project Site(s) will be transferred at any point prior to, during or after completion of the covered Scope of Work (SOW)?
 Yes No If yes, please provide full details:
-

4. Is the Applicant the sole party responsible or potentially responsible for the environmental remediation of the Remediation Project Site(s)? Yes No
If no, please comment on all other known and suspected responsible parties, including the percentage of responsibility allocated to each party, and any indemnities (i.e., contractual) that exist as respects to said responsibilities:

5. What are the projected remediation costs associated with the covered SOW for the following years?

| | |
|--------------|----------|
| Year 1 | \$ _____ |
| Year 2 | \$ _____ |
| Year 3 | \$ _____ |
| Year 4 | \$ _____ |
| Year 5 | \$ _____ |
| Year 6 | \$ _____ |
| Year 7 | \$ _____ |
| Year 8 | \$ _____ |
| Year 9 | \$ _____ |
| Year 10 | \$ _____ |
| TOTAL | \$ _____ |

**Beyond
10 Years** \$ _____

6. a.) What contingencies exist for unplanned schedule and/or SOW changes (i.e., regulatory changes) that could potentially affect project costs?

b.) Identify off-site or surrounding property issues that could potentially impact successful completion of the covered SOW.

c.) Discussion of known or suspected claims related to the Remediation Project Site(s) or with surrounding property that could impact the successful completion of the covered SOW.

d.) What programs are in place for tracking and approving project costs associated with the covered SOW?

e.) Identify regulatory scheme and appropriate agency in which this project will be managed under.

7. Is the Remediation Project Site(s) under a consent order, agreement or other formal action by regulatory agencies? Yes No
If yes, please provide full details and attach copies of all pertinent documents.

8. Are regulatory approvals required to implement the RAP and/or to document "No Further Action" (NFA) after completion of the covered SOW? Yes No
If yes, please give full details and attach copies of all pertinent documents (i.e., RAP approvals):

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: _____