

Environmental
505 Eagleview Boulevard
Suite 100
PO Box 636
Exton, PA 19341-0636
USA

Tel: 800-327-1414
610-968-9500
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www.xlenvironmental.com

REAL ESTATE LENDERS POLLUTION APPLICATION

APPLICANT INSTRUCTIONS:

1. Answer all questions; leave no blank spaces.
2. If any questions do not apply, or the answer is “no”, please elaborate.
3. If multiple locations, please use the Facilities Pollution Portfolio Application.
4. The following information must accompany this application, if available:
 - Past five (5) years loss runs history.
 - Past two (2) years audited financial statements for the borrower.
 - Commercial Mortgage Loan Documents plus any applicable Environmental Indemnity.
 - Copies of all Environmental Site Assessments.

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REAL ESTATE LENDERS POLLUTION APPLICATION

This Application Is For A "Claims-Made and Reported" Policy

PLEASE READ IT CAREFULLY AND FILL IT OUT COMPLETELY

1. APPLICANT NAME/LENDER:

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

2. Borrower Name:

Address: _____

3. Firm is: Partnership Corporation Joint Venture Other
 Public or Private

4. Property Address/Description (Include Acreage):

5. What structures are currently on this property (i.e. building type, square footage, age, etc.)?

6. List the current occupants and the current operations on this property:

7. How long has present owner controlled or owned this property?

8. What were the past uses of this property?

9. What are the intended uses of this property?

10. 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:

11. 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:

12. 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.

13. Tank Storage:

Does this property have any aboveground or underground storage tanks?

Yes No

If Yes, please complete chart below.

<u>Tank#</u>	<u>Contents</u>	<u>Construction</u>	<u>Capacity</u>	<u>Age</u>	<u>AST/UST</u>	<u>Secondary Containment</u>
Example:	Diesel	Bare Steel	5,000 gal	5 yrs	AST	110% Volume - Poured Concrete

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

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

Yes No

If Yes, please explain:

15. Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment which apply to any location with which you cannot at present comply?

Yes No

If Yes, please explain:

16. Have any prior environmental audits or studies been done for this property?

Yes No

Copies of all environmental assessments (Phase I, Phase II) must accompany this application.
Provide full details as to any recommendations made and the status of compliance

17. Please provide the following information for the below referenced coverage lines:

<u>Type of Coverage</u>	<u>Current Carrier</u>	<u>Policy Period</u>	<u>Limits</u>	<u>Premium</u>
General Liability				
Directors & Officers				
Property				
Excess/Umbrella				

18. Loan Information:

Loan Amount: \$

Loan Term:

Is the loan a first mortgage?

Yes No

If No, please give details:

Is any of the loan proceeds intended for site rehabilitation or new construction?

Yes No

What is the collateral for the loan?

Land

Building

Other (Give Details)

Loan to Value ratio?

%

19. At the time of signing this application, are you aware of any facts or circumstances which may reasonably be expected to result in a claim being asserted against the borrower or your company for environmental clean-up, bodily injury or property damage under the Pollution Liability or General Liability Policy? Yes No

If Yes, please give details:

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: _____