

Environmental Impairment Liability Application

This application is NOT an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details on a separate sheet of paper. All Applicants must sign the application where indicated.

PRODUCER	APPLICANT
Name: _____	Name: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____
Fax #: _____	Fax #: _____
Email Address: _____	Email Address: _____
Web Address: _____	Web Address: _____
PRODUCER NAME: _____	PRIMARY CONTACT NAME: _____

SECTION I. General Information		Space is supplied on page 3 for providing additional information
Describe specifically the operations of the Applicant: _____		
Total Number of Locations: _____		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Has the Applicant during the past five (5) years had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants, as defined by the applicable environmental statutes or regulations? If YES, describe in detail.
<input type="checkbox"/>	<input type="checkbox"/>	Has the Applicant during the last five (5) years been prosecuted, or is the Applicant currently being prosecuted, for contravention of any standard or law relating to the release or threatened release from the location of a hazardous substance, hazardous waste or any other pollutant? If YES, describe in detail.
<input type="checkbox"/>	<input type="checkbox"/>	Has the Applicant had any claims made against them in the past five 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 pollutants, from any location owned or operated by the Applicant, into the environment. If YES, provide a brief description of the claims and the disposition.
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant know of 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 response, or for bodily injury or property damage arising from the release of pollutants into the environment? If YES, describe in detail.
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have an Emergency Response Plan? If YES, attach a copy.
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a documented inspection program? If YES, attach a copy.
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a formal written Fire Protection Plan? If YES, attach a copy.
<input type="checkbox"/>	<input type="checkbox"/>	Is the Applicant a generator of hazardous waste? If YES indicate:
		<input type="checkbox"/> Conditional Small Quantity <input type="checkbox"/> Small Quantity <input type="checkbox"/> Large Quantity

SECTION II. Retention, Limit & Coverage		
Effective Date: _____	Retro Date: _____	Policy Term:
Retention Type: <input type="checkbox"/> Self-Insured Retention <input type="checkbox"/> Deductible		<input type="checkbox"/> One Year <input type="checkbox"/> Two Year <input type="checkbox"/> Three Year <input type="checkbox"/> Other _____
Retention Amount: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Other _____		Limits of Liability: <input type="checkbox"/> \$1M/\$1M <input type="checkbox"/> \$5M/\$5M <input type="checkbox"/> Other _____

SECTION III. Covered Location(s)

Please copy and submit for each location
Space is supplied on page 3 for providing additional information

Loc # ____	Name:	Description of Operations:	Age of Facility:
	Address:		
	City, State, Zip:		

Description of Past Occupancies and Land Use:	Description of Surrounding Environment and Land Use:
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YES NO Have any Environmental Site Assessments been performed at this location? **If YES, attach copies.**

Permits and Ground Water Monitoring: POTW NPDES AIR Stormwater Other _____ (please describe)

YES NO On-site ground water monitoring wells? **If YES, how many?** _____

Provide monitoring results from past 4 samples and a map showing the location of the wells and groundwater flow direction.

Description of nearby surface water bodies (streams, lakes, wetlands, etc.):

Description of any protected environments in the area (parks, wildlife reserves, etc.):

RAW/HAZARDOUS MATERIALS USED OR STORED ON-SITE (solvents, reactants, etc.):

DESCRIPTION	QUANTITY PER YEAR	QUANTITY ANY ONE TIME	STORAGE TYPE (E.G., DRUM, ETC)	SECONDARY CONTAINMENT

STORAGE TANKS ON-SITE:

TANK # or NAME	CONTENTS (*2)	CONSTRUCTION (*1)	CAPACITY	YEAR INSTALLED	AST or UST	SECONDARY CONTAINMENT
<i>Example</i>	<i>Diesel</i>	<i>Bare Steel</i>	<i>5,000 gal</i>	<i>1999</i>	<i>AST</i>	<i>110% Volume – Poured Concrete</i>

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

WASTE SENT OFF SITE:

TYPE	MODE OF TRANSPORT	QUANTITY	DISPOSAL SITE/WASTE TRANSFER FACILITY
			Name: Address: City, State, Zip:
			Name: Address: City, State, Zip:
			Name: Address: City, State, Zip:

***1 TANK/PIPING CONSTRUCTION MATERIALS**

- D/W = Double Walled 2nd Containment
- F/S = FRP/Steel Comp.
- STI = STI-P3
- FRP = Single Walled FRP
- CP/S = Cathodically Protected Steel
- S = Coated Bare Steel

***2 CONTENTS**

- R = Regular Gasoline
- U = Unleaded
- WO = Waste Oil
- D = Diesel
- NO = New Oil
- HO = Heating Oil
- O = Other (please describe)

SECTION IV. Additional Information

Check here if this section does not apply.

Please provide further descriptions below for questions which request additional detail:

Releases or Spills?	
Prosecution?	
Past/Current Claims?	
Potential Claims?	
Tank Inventory Control/Testing Methods?	
Additional Comments?	

APPLICANT

DATE

Signature of Principal or Officer

PRODUCER

DATE

Signature of Producer