

Site Pollution Impairment Legal Liability (SPILL)™ Application

Coverage is available on a claims made basis

This application is NOT an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. For the purposes of this application "you" includes the Corporation, Entity, or Partnership of the applicant and any Directors, Officers, or Partners thereof.

INSTRUCTIONS:

1. This application requires that contact persons be provided for each location. 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.
2. If additional space is needed, attach details on a separate sheet of paper.
3. Please provide the following documents and materials along with the completed (signed, and dated) application
 - Audited financials and/or 10k for the past year
() Enclosed () Information to follow () Does not exist
 - Schedule of EIL and GL insurance policies for the past year
() Enclosed () Information to follow () Does not exist
 - Any environmental surveys/assessments/audits conducted within the past at any of the locations to be considered
() Enclosed () Information to follow () Does not exist
 - Five years of currently valued loss runs
() Enclosed () Information to follow () Does not exist

| 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

Describe specifically the operations of the Applicant:

Total Number of Locations: _____ Is the mailing address above a covered location? YES NO

| YES | NO | |
|--------------------------|--------------------------|--|
| <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 |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have one person whose sole responsibility is environmental management and compliance? If yes, please provide contact name and phone #: |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any storage tanks covered by a separate policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been named as a Potentially Responsible Party (PRP)? If yes, please select the description: <input type="checkbox"/> Named, but de minimis <input type="checkbox"/> Named and active |

SECTION II. Coverage Specifications

Effective Date: _____ Retro Date: _____ Policy Term: _____
 Retention Type: Self-Insured Retention Deductible One Year Two Year Three Year Other _____
 Retention Amount: \$10,000 \$25,000 \$50,000 Other _____ Limits of Liability: \$1M/\$1M \$5M/\$5M Other _____

COVERAGE REQUESTED:

| | |
|---|---|
| New Conditions: (Standard) | Unknown Pre-existing Conditions: (Optional) |
| <input type="checkbox"/> Off-site Bodily Injury and Property Damage | <input type="checkbox"/> Off-site Bodily Injury and Property Damage |
| <input type="checkbox"/> Off-site Cleanup Costs | <input type="checkbox"/> Off-site Cleanup Costs |
| <input type="checkbox"/> On-site Bodily Injury and Property Damage | <input type="checkbox"/> On-site Bodily Injury and Property Damage |
| <input type="checkbox"/> On-site Cleanup Costs | <input type="checkbox"/> On-site Cleanup Costs |
| Other Options: | |
| <input type="checkbox"/> Non-owned Disposal Site coverage | <input type="checkbox"/> Business Interruption & Extra Expense |
| <input type="checkbox"/> Transportation pollution | <input type="checkbox"/> Additional Insured(s): Number _____ |

SECTION III. Prior Pollution Coverage Check here if this section does not apply.

| Carrier | Limits | Retroactive Date | Policy Number | Premium | Policy Term |
|---------|--------|------------------|---------------|---------|-------------|
| | | | | | |
| | | | | | |

Yes No Has any policy or coverage been declined, canceled or non renewed during the prior three years? **If YES, please describe.**

SECTION IV. Additional Information **Attach a separate sheet if necessary**

| YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has there ever been any contamination (reportable or not) at your facility(ies) or on the property(ies) during your tenancy, operation and/or ownership of the facility(ies)/property(ies). If YES, please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has there ever been any contamination(reportable or not) at your facility(ies) or on the property(ies) prior to your tenancy, operation and/or ownership of the facility(ies)/property(ies)? If YES, please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you aware of any waste materials that have been disposed of or buried on your property(ies) or nearby property(ies)? If YES, please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your facility ever had a leak, spill, release or discharge(reportable or not) of any kind of any hazardous substances, hazardous waste, petroleum products, or any other pollutants during your tenancy, operation and/or ownership of the facility(ies)/property(ies)? If YES, please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your facility ever had a leak, spill, release or discharge(reportable or not) of any kind of any hazardous substances, hazardous waste, petroleum products, or any other pollutants prior to your tenancy, operation and/or ownership of the facility(ies)/property(ies)? If YES, please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all facilities that are referenced as a part of this application in compliance with all current Federal, state, and local environmental laws and regulations? If NO, please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been a party to any pollution-related claims, lawsuits citations, or complaints? If YES, please describe. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there liens on any properties contemplated under this application? If YES, please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received a citation from any regulatory agency at any time? If YES, please describe. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever at anytime been prosecuted for violation of any law, regulation, or ordinance related to a release from the site of any substance into sewer, watercourse, and air or onto land? If YES, please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has any claim, demand, suit or incident report been made at any time related to a pollution release from the site? If YES, please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you aware of any circumstances that could result in a claim or demand under this policy? If YES, please describe. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have there ever been any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants, as defined by applicable environmental, Federal, State or local statutes or regulations prior to or during your tenancy, operation and/or ownership of the facility(ies)/property(ies)? If YES, please describe. |

SECTION V. Covered Location(s)

Please copy and submit for **EACH** location
Attach separate sheets, if necessary

| | | | |
|--------------------|------------------|-------------------------------|-----------------|
| Loc # _____ | Age of facility: | Name: | Contact Name: |
| | | Address: City, State, Zip: | Contact Phone # |

YES **NO** Have any Environmental Site Assessments been performed at this location? **If YES, attach copies.**

Description of current operations:

Provide site history including all past land use and the time period for each:

Provide a list of additional occupants on this property (owned or leased):

| | | |
|---|--------|-------|
| Provide description of adjacent properties: | North: | East: |
| | South: | West: |

Identify nearby surface water bodies including approximate distances (i.e., streams, lakes, wetlands):

Describe any protected environments in the area or sensitive receptors (parks, wildlife preserves, etc.) or areas where children may frequent:

Identify any surface or groundwater uses in the area (drinking wells, etc.)

Is public water and sewer available? **YES** **NO**

Provide information on any mandatory or voluntary monitoring performed at this location:
Permits and Ground Water Monitoring: POTW NPDES AIR Storm water Other _____ (please describe)
On-site ground water monitoring wells? **YES** **NO** **If YES, how many?** _____

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

Describe all past storage or disposal practices at the site including any on site disposal:

| | | |
|--|--|--|
| Is any type of waste treated, processed, separated, or stored at this location? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide the following | Type of waste: | |
| | Maximum amount of waste processed per day: | |
| | Maximum amount of waste stored at any one time: | |
| | Identification of effluent discharge points for waste water and storm water: | |
| | Description of waste treatment operation: | |
| | Are emergency procedures in place? YES <input type="checkbox"/> NO | |
| | Are daily operation procedures in place? YES <input type="checkbox"/> NO | |

| | | |
|--|--|---------------------------|
| Is there a landfill on site? YES <input type="checkbox"/> NO If yes, provide the following: | Active landfill? YES <input type="checkbox"/> NO | Type of waste collected:: |
| | Closed landfill? YES <input type="checkbox"/> NO | Acreage: |
| | Vacant land? YES <input type="checkbox"/> NO | |
| | Is the landfill lined? YES <input type="checkbox"/> NO If yes, provide the type and thickness of the liner: | |
| | Is there a leachate collection system in place? YES <input type="checkbox"/> NO If yes, provide the amount of leachate produced annually. | |
| | Are emergency procedures in place? YES <input type="checkbox"/> NO | |
| | Are daily operation procedures in place? YES <input type="checkbox"/> NO | |

RAW/HAZARDOUS MATERIALS USED OR STORED ON-SITE (solvents, reactants, etc.): Check here if this section does not apply.

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

WASTE SENT OFF SITE: Check here if this section does not apply.

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

STORAGE TANKS ON-SITE: Check here if this section does not apply.

| TANK # or NAME | CONTENTS (*2) | CONSTRUCTION (*1) | CAPACITY (gallons) | YEAR INSTALLED | AST or UST | AST SECONDARY CONTAINMENT |
|----------------|---------------|-------------------|--------------------|----------------|------------|--------------------------------------|
| <i>Example</i> | <i>Diesel</i> | <i>Bare Steel</i> | <i>5,000</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):

| <u>*1 TANK/PIPING CONSTRUCTION MATERIALS</u> | | | <u>*2 CONTENTS</u> | | | |
|--|---|---|--------------------|---|------------------|-----------------------------|
| DW | = | Double Walled 2 nd Containment | R | = | Regular Gasoline | Other: Please specify below |
| F/S | = | FRP/Steel Comp. | U | = | Unleaded | |
| STI | = | STI-P3 | WO | = | Waste Oil | |
| FRP | = | Single Walled FRP | D | = | Diesel | |
| CP/S | = | Cathodically Protected Steel | NO | = | New Oil | |
| S | = | Coated Bare Steel | HO | = | Heating Oil | |

I HAVE READ AND FULLY UNDERSTAND THE QUESTIONS AND MY ANSWERS ON THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF ANY OF THE RESPONSES THAT ARE MATERIAL TO THE RISK ASSUMED (AS WELL AS ATTACHED TO THIS APPLICATION), MAY CAUSE THIS POLICY TO BECOME NULL AND VOID AND/OR MAY GIVE RISE TO RESCISSION OF THE POLICY.

| | |
|---------------------------------|------------------------------------|
| Applicant's Signature: _____ | Applicant's Printed Name: _____ |
| Applicant's Title: _____ | Date: _____ |
| Producer Name: _____ | Producer Address: _____ |
| Producer Phone Number: _____ | Producer Fax Number: _____ |