



**SITE SPECIFIC POLLUTION LIABILITY
EVEREST ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE**

ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE APPLICATION

NOTICE: If a policy is issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

SECTION I - GENERAL INFORMATION

| | | | |
|----------------------|-------------------------------------|--|--------------------|
| Applicant: | | | |
| Address: | | | |
| City: | | State & Zip Code: | |
| Phone Number: | | Fax Number: | |
| Date: | | E-Mail Address: | |
| Company: | Individual Partnership _____ | Corporation Joint Venture _____ | Other _____ |

SECTION II – REQUESTED COVERAGE INFORMATION

| | | | |
|---|------------|------------------------------------|--|
| 1. COVERAGE REQUESTED: | | 2. PROPOSED EFFECTIVE DATE: | |
| a. New Business: | | | |
| b. Renewal: | | | |
| 3. PLEASE INDICATE WHICH COVERAGES YOU ARE REQUESTING: | | | |
| a. Third Party Pollution Liability | Yes | No | |
| | | | |
| b. On Site Clean Up | Yes | No | |
| | | | |

| |
|---|
| c. Other Coverages and Endorsements |
| 4. REQUESTED LIMITS OF INSURANCE: a. Limits of Liability Requested: \$ _____ b. Deductible Requested: \$ _____ |

| | |
|---|--|
| SECTION III – PRIOR CARRIER INFORMATION | |
| 1. Carrier: | 2. Coverage Form: |
| 3. Limits of Liability: | 4. Deductible: |
| 5. Retroactive Date: | 6. Premium: |
| 7. Any policy or coverage declined, cancelled or non-renewed during the prior three years? | |
| If Yes, please explain: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | | | | | | | | |
|--|--|--|--|--|--|-----|----|--|--|
| SECTION IV – CURRENT COMPANY INFORMATION | | | | | | | | | |
| 1. Date Established: | 2. Web Address: | | | | | | | | |
| 3. Have there been any acquisitions, consolidations, dissolutions, mergers? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td></td> <td></td> </tr> </table> | | | | | Yes | No | | |
| | | | | | | | | | |
| Yes | No | | | | | | | | |
| If Yes, please explain: | | | | | | | | | |

| 4. Does the firm have subsidiaries? | | | | |
|---|---------|-----------------------------------|----------------------|--|
| | | Yes | No | |
| If Yes, please explain: | | | | |
| 5. Does the firm have a parent company? | | | | |
| | | Yes | No | |
| If Yes, please explain: | | | | |
| 6. Does the firm have other related entities? | | | | |
| | | Yes | No | |
| If Yes, please explain: | | | | |
| 7. Do you share employees? | | | | |
| | | Yes | No | |
| If Yes, please explain: | | | | |
| 8. PLEASE COMPLETE THE FOLLOWING FOR ALL LOCATIONS YOU WISH TO BE COVERED: | | | | |
| Location | Acreage | Description of Current Operations | Length Of Operations | |
| a. | | | | |
| b. | | | | |
| c. | | | | |
| d. | | | | |
| e. | | | | |
| 9. List all structures on the property: | | | | |
| | | | | |
| 10. Please provide a list of additional occupants on this property (owned or leased): | | | | |
| | | | | |
| 11. Please provide site history including all past land use and the time period for each occupation: | | | | |
| | | | | |

| 12. Please identify any past storage or disposal practices at the site including any on site disposal: | | | | | | | | | |
|--|-----------------------|----------|-----|-----------------------|--|----|--|--|--|
| 13. Does this property generate, handle, store or dispose of any hazardous waste or materials? If yes, please complete the following: | | | | Yes | | No | | | |
| a. Type of hazardous waste or materials: | | | | | | | | | |
| b. Describe the on site storage practices and storage areas: | | | | | | | | | |
| c. Describe the disposal method used: | | | | | | | | | |
| 14. Does this property presently have any storage tanks? If Yes, please complete the following: | | | | Yes | | No | | | |
| a. Explain the tank inventory control program: | | | | | | | | | |
| b. Please obtain the following information on each tank: | | | | | | | | | |
| AST/UST Tank No. | Construction Material | Capacity | Age | Secondary Containment | | | | | |
| | | | | | | | | | |

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|---|--|--|--|--------------------------|
| 15. Please compare the following in reference to the property location: | | | | |
| a. Please provide a description of adjacent properties: (1) North: (2) South: (3) East: (4) West: | | | | |
| b. Identify nearby surface water bodies including approximate distances (i.e. streams, lakes, wetlands): | | | | |
| c. Are there any protected environments in the area or sensitive receptors (parks, wildlife) or school areas where children may frequent? | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| If Yes, please explain: | | | | <input type="checkbox"/> |
| d. Identify any surface or groundwater uses in the area (drinking wells, etc): | | | | |
| e. Is public water and sewer available? | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| f. Please provide information on any mandated or voluntary monitoring performed at considered location (i.e. groundwater monitoring wells, NPDES, CAA, etc): | | | | <input type="checkbox"/> |
| 16. Does your facility treat, process, separate or store any type of waste (i.e. liquid, solid, waste water)? If Yes, please complete the following: | | | | |
| a. Type of waste: | | | | <input type="checkbox"/> |
| b. Describe the waste treatment operation: | | | | <input type="checkbox"/> |
| c. Maximum amount of waste processed per day: | | | | <input type="checkbox"/> |
| d. Maximum amount of waste stored at any one time: | | | | <input type="checkbox"/> |
| e. Are daily operating procedures in place? | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| f. Are emergency room procedures in place? | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| g. Identify efficient discharge points for wastewater and storm water: | | | | |

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|--|-----|--|----|--|
| 17. Do you have a landfill on site? If YES, please complete the following: | | | | |
| | Yes | | No | |
| a. Acreage: b. Type of landfill (i.e. active, closed or vacant) and waste collected: | | | | |
| c. Is the landfill lined? | | | | |
| | Yes | | No | |
| d. Is there a leachate collection system in place? | | | | |
| | Yes | | No | |
| e. Amount of leachate produced annually: f. Number of active groundwater monitoring wells in place: | | | | |
| g. Are daily operations in place? | | | | |
| | Yes | | No | |
| h. Are emergency room procedures in place? | | | | |
| | Yes | | No | |
| 18. Have you during the last five years received any violations regarding any standard or law relating to the release of a substance from the location(s) into sewers, rivers, air or onto land? If Yes, please provide full details and whether you have ever been prosecuted: | | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| 19. Please describe any pollution claims which have occurred during the last five years? If none, please state so | | | | |
| 20. At the time of signing this application are you aware of any circumstances which may reasonably be expected to give rise to a claim under this policy? If yes, please provide details. | | | | |
| | Yes | | No | |

SECTION IV – ADDITIONAL REQUIRED APPLICATION MATERIALS

- Copies of any environmental audit or assessment reports which have been conducted within the past three years
- Most recent income statement and balance sheet
- Five years of valued loss runs, if applicable.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer of the applicant acknowledges that the insurer will rely upon the representations made by the applicant herein to determine whether to issue the requested policy of insurance and/or the premium to be charged for the requested insurance policy. The undersigned authorized officer of the applicant acknowledges that the insurer will rely upon the representations made by the applicant herein to determine whether to issue the requested policy of insurance and/or the premium to be charged for the requested insurance policy. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (Undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

NOTICE TO APPLICANTS

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 fact material thereto, commits a fraudulent insurance act which is a crime. You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature:**Title:****Date:****FRAUD WARNING: APPLICABLE TO APPLICANTS IN ALL STATES**

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 dollar and the stated value of the claim for such violation.