

**APPLICANT'S INFORMATION**

Applicant Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Applicant's Website \_\_\_\_\_

Year Business Started \_\_\_\_\_

- Organization Type
- Corporation
  - Limited Liability Company
  - Partnership
  - Proprietorship
  - Business Trust
  - REIT
  - Joint Venture
  - Other

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

**SITE INFORMATION**

Is any known contamination present at the site(s)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any past, present or planned remediation activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If remediation is planned, would you like information about Remediation Cost Cap Coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there or have there ever been any above ground or underground storage tanks on the site(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, Do you desire pollution coverage for the tanks on the property? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, Explain why not and describe the status and contents of each tank.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If YES, How many: (Please Complete Page 7)

- Aboveground Storage Tanks (ASTs) under 3,500 gallons \_\_\_\_\_
- Aboveground Storage Tanks (ASTs) over 3,500 gallons \_\_\_\_\_
- Underground Storage Tanks (USTs) under 3,500 gallons \_\_\_\_\_
- Underground Storage Tanks (USTs) over 3,500 gallons \_\_\_\_\_

**OTHER NAMED INSURED**

Are there any OTHER named insureds to be covered by this policy? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, please list other named insureds:

Named Insured	Address	City, State, Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____

**COVERAGE REQUESTED**

Proposed Effective Date \_\_\_\_\_

Policy Term (circle)      1 Year      2 Years      3 Years      4 Years      5Years

Limits of Liability (circle)	<u>Per Occurrence/Aggregate</u>		
	\$1MM/\$1MM	\$3MM/\$6MM	\$6MM/\$6MM
	\$1MM/\$2MM	\$4MM/\$4MM	\$7MM/\$7MM
	\$2MM/\$2MM	\$4MM/\$8MM	\$8MM/\$8MM
	\$2MM/\$4MM	\$5MM/\$5MM	\$9MM/\$9MM
	\$3MM/\$3MM	\$5MM/\$10MM	\$10MM/\$10MM

Deductible Amount (circle)    \$5,000    \$10,000    \$25,000    \$50,000    \$100,000    higher

**COVERAGE OPTIONS**

Liability Type       Cleanup Costs Only  
 3rd Party Liability Only  
 Cleanup Costs & 3rd Party Liability

Coverage Type       New Conditions Only  
 Historical Conditions Only  
 New Conditions & Historical Conditions

**EXISTING COVERAGE**

Carrier Name	_____	Deductible	\$ _____
Policy Term (years)	_____	Expiring Premium (optional)	\$ _____
Limits of Liability	\$ _____	Current Retro Date (if any)	_____

**REAL ESTATE TYPE**

	Number of Sites	Total Sq.Ft. of Buildings
Agricultural	_____	_____
Airport - Commercial	_____	_____
Airport - General Aviation	_____	_____
Apartment/Condos	_____	_____
Auto Dealers	_____	_____
Auto Service/Repair	_____	_____
Chemical Manufacturer	_____	_____
Commercial Printing	_____	_____
Convenience Store (No Gas)	_____	_____
Day Care	_____	_____
Dry Cleaner	_____	_____
Fertilize Storage	_____	_____
Gas Station	_____	_____
Golf Courses	_____	_____
Hazardous Waste Treatment, Storage & Disposal Fac.	_____	_____
Hazardous Waste Generator	_____	_____
Hotels/Motels	_____	_____
Industrial Park - Heavy	_____	_____
Industrial Park - Medium	_____	_____
Industrial Park - Light	_____	_____
Landfill/Dumpsite	_____	_____
Manufacturing - Heavy	_____	_____
Manufacturing - Medium	_____	_____
Manufacturing - Light	_____	_____
Municipalities	_____	_____
Nursing Homes	_____	_____
Office Buildings	_____	_____
Oil Recycler	_____	_____
Oil Terminals - Bulk Storage	_____	_____
Photo Developing	_____	_____
Plating	_____	_____
Power/Utility Facility	_____	_____
Restaurant	_____	_____
Retail	_____	_____
Schools - College	_____	_____
Schools - Elementary/Secondary	_____	_____
Shopping Center	_____	_____
Shopping Center w/ Dry Cleaner	_____	_____
Shopping Center w/ Dry Cleaner & Lube	_____	_____
Shopping Center w/ Lube, Oil, Filter	_____	_____
Strip Mall	_____	_____
Strip Mall w/ Dry Cleaner	_____	_____
Strip Mall w/ Dry Cleaner & Lube	_____	_____
Strip Mall w/ Lube, Oil, Filter	_____	_____
Vacant Land	_____	_____
Vacant Land Under Development	_____	_____
Warehouse	_____	_____
Waste Treatment Facility	_____	_____
Wastewater Treatment Plant	_____	_____
Water Treatment Plant	_____	_____

**OPTIONAL COVERAGES**

Does applicant want coverage for mold? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If Yes, please complete the Mold Questionnaire on page 8 & 9

If YES, Does applicant have a professionally prepared Mold/Moisture/Microbial management and training plan in place? Yes \_\_\_\_\_ No \_\_\_\_\_

Does applicant desire coverage for Lead-Based Paint? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If Yes, please complete the Lead-Based Paint section on page 10

Does applicant have a professionally prepared lead-based paint operations and maintenance plan that addresses staff training, hazard communication, building inspections, and lead-based paint handling for these specific buildings? Yes \_\_\_\_\_ No \_\_\_\_\_

Does applicant desire coverage for In-Place Asbestos Containing Materials? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Does applicant have a professionally prepared In-Place Asbestos Containing Material management plan for the site(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

Are any renovations, abatement or removal activities planned during the policy period? Yes \_\_\_\_\_ No \_\_\_\_\_

**SITE ASSESSMENT**

Have any Phase I environmental site assessments been done on the site(s) within the last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES,  
Describe the intended operations for the site(s), and describe any planned site development activity, such as demolition, renovation, new construction, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If NO,  
Describe in detail the current use of the site(s).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe in detail the prior uses of the site(s).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the intended operations for the site(s), and describe any planned site development activity, such as demolition, renovation, new construction, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For each direction, describe the land uses of neighboring properties within 1/2 mile of applicant's site(s).  
North \_\_\_\_\_  
South \_\_\_\_\_  
East \_\_\_\_\_  
West \_\_\_\_\_

**CURRENT USE**

Is applicant the property owner or a tenant? (circle)      Owner    Tenant    Other

If OTHER, please explain applicant's involvement with the site(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is applicant the sole occupant of the site(s)?      Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, describe operations of other occupants of the site(s).

\_\_\_\_\_  
\_\_\_\_\_

If NO & OWNER, do you place lease restrictions on the use of hazardous substances by tenants?      Yes \_\_\_\_\_ No \_\_\_\_\_

Is any known contamination present at the site(s)?      Yes \_\_\_\_\_ No \_\_\_\_\_

If YES,

Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any past, present or planned remediation activities?      Yes \_\_\_\_\_ No \_\_\_\_\_

If remediation is planned, would you like information about Remediation Cost Cap Coverage?      Yes \_\_\_\_\_ No \_\_\_\_\_

Has any environmental testing occurred at the site(s)?      Yes \_\_\_\_\_ No \_\_\_\_\_

Is any environmental testing planned for the site(s)?      Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are hazardous wastes generated, treated, or stored on the site(s)?      Yes \_\_\_\_\_ No \_\_\_\_\_

If YES,

Material	Max Quantity at any time	Method of Storage	Method of Disposal	Secondary Containment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are there any on-site waste disposal activities?      Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, describe all on-site waste disposal activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the property the subject of a transaction (purchase, refinance, etc)?      Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, is applicant the buyer or the seller? (circle)    Buyer    Seller    Other

**LEGAL**

Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the applicant or other party to the proposed insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does applicant or other party to the proposed insurance have knowledge of any pollution conditions at the site(s) or adjacent properties? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is applicant aware of any circumstances that may give rise to a claim against any insured? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has applicant been cited and/or prosecuted for any environmental violations of any standard or law relating to the site(s) within the past five (5) years? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has applicant in the last five (5) years had any reportable releases or spills of hazardous substances, hazardous wastes, or any other pollutants as defined by applicable environmental statutes or regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any insurance carrier ever cancelled or non-renewed the applicant's Pollution Liability Coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STORAGE TANKS**

Have any tanks been removed, closed or abandoned in-place? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any plans to remove, upgrade or replace tanks at the site(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a history of leaks or releases at the site(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

During the past 12 months, has a leak been detected in any tanks on the site(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is the property owner the same as the owner of the tanks? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STORAGE TANK DETAILS**

Shaded columns use values from the Legend below.

No.	AST/UST	State Tank ID #	Size(gallons)	Contents	Year First Installed	Construction of Tanks	Construction of Piping	Secondary Containment	Leak Detection
1								<input type="checkbox"/>	
2								<input type="checkbox"/>	
3								<input type="checkbox"/>	
4								<input type="checkbox"/>	
5								<input type="checkbox"/>	
6								<input type="checkbox"/>	
7								<input type="checkbox"/>	
8								<input type="checkbox"/>	
9								<input type="checkbox"/>	
10								<input type="checkbox"/>	

Notes:

\_\_\_\_\_

**Legend**

Contents	Construction of Tanks	Construction of Piping	Leak Detector
1 - Unleaded gas	1 - Double Wall Steel	1 - Double Wall Flexible	1 - Electronic
2 - Leaded gas	2 - Double Wall Fiberglass	2 - Double Wall Plexiglas	2 - Dip Stick
3 - Diesel	3 - Double Wall STIP3	3 - Double Wall Steel	3 - Monitoring Well
4 - Heating Oil	4 - STIP3	4 - Bare Steel	4 - Integrity Test
5 - Waste Oil	5 - Bare Steel	5 - Fiberglass	5 - Statistical Inventory
6 - Kerosene	6 - Fiberglass	6 - Unknown	6 - Soil Vapor Monitoring
7 - Other Organic Chemicals	7 - Line Steel		7 - None
8 - Gaseous Materials	8 - Steel with Cathodic Protection		8 - Unknown
9 - Other Inorganic Chemicals	9 - Unknown		
10 - Other (Please Explain)			

**MOLD QUESTIONNAIRE**

Describe in detail the uses of all buildings on the site(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What percentage of the total building square footage is under flat roofs? \_\_\_\_\_ %

What percentage of the building square footage falls under the following categories:

- Under 25 years old \_\_\_\_\_ %
- 25 to 50 years old \_\_\_\_\_ %
- Over 50 years old \_\_\_\_\_ %

Are any buildings located in a 100 year flood plain or area subject to periodic ponding or flooding? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES,

When was the last time any building was affected by such ponding or flooding, and to what extent?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What precautions are in place to mitigate future damage?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any known building defects? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are all bathrooms and dryers vented to the exterior? Yes \_\_\_\_\_ No \_\_\_\_\_

Are exterior walls of any buildings exposed to wetness from manmade sources such as fountains or lawn sprinklers? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do exterior walls of any buildings have Exterior Insulation Finishing System (EIFS)? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES

What is the age of the system? \_\_\_\_\_

When was it last inspected, and is there any evidence of water intrusion?

\_\_\_\_\_  
\_\_\_\_\_

**MOLD QUESTIONNAIRE, CONTINUED**

Have any water or indoor air quality related construction/maintenance defects been encountered (including but not limited to HVAC problems, leaking roofs, windows or siding, broken plumbing, sewer backups) at the site(s)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, describe defects and how they have been rectified:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have any indoor air quality/mold studies been done at any site(s)? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please provide a copy.)

Any current or past visible bacterial/mold growth at site(s)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, describe the location, size of growth (sq.ft.), and corrective actions taken.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do tenant leases require prompt landlord notification in the event of water damage and/or mold growth? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please provide a copy of the lease language.)

Are all water damage or indoor air quality complaints responded to within 24 hours? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, How are complaints documented?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If NO, What response is taken?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does applicant respond in writing to the individual who issued the complaint explaining the corrective actions being taken? Yes \_\_\_\_\_ No \_\_\_\_\_

Do all buildings have a full-time maintenance staff? Yes \_\_\_\_\_ No \_\_\_\_\_  
If NO, Who is responsible for building maintenance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is applicant aware of any facts or circumstances that may result in a claim against applicant arising from indoor air quality/mold at the site(s)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, please describe in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LEAD-BASED PAINT**

Were any of these buildings built prior to 1980? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you aware of any painted surface that is peeling, flaking or in need of repair? Yes \_\_\_\_\_ No \_\_\_\_\_

Have all units been repainted within the last 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Have there been any claims or suits involving lead-based paint contamination made against applicant over the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has applicant ever received any notices of lead contamination, a lead-poisoned tenant, or had any other correspondence regarding the existence of lead paint? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain any actions taken or that plan to be taken to reduce the presence of lead paint. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you in compliance with the Tenant Notification Rule of 1996 regarding lead-based paint? Yes \_\_\_\_\_ No \_\_\_\_\_

**ADDITIONAL DETAILS**

Enter any additional information you would like the underwriter to consider in reviewing this application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_