



SITE POLLUTION IMPAIRMENT INSURANCE APPLICATION

THIS IS AN APPLICATION FOR EITHER A CLAIMS-MADE OR OCCURRENCE POLICY.
PLEASE REVIEW THE APPROPRIATE POLICY CAREFULLY.

INSTRUCTIONS:

- Please print or type clearly.
- Please answer all questions applicable to the coverages requested. If any questions in those sections do not apply, please answer "N/A."
- If additional supporting documentation is needed to answer the questions completely, please reference in the application and attach the additional supporting documentation.
- The application must be signed and dated by a duly authorized executive, officer, owner, or principal of the applicant.
- Five (5) years of currently valued loss runs for all requested coverages must be provided if prior coverage exists.

IMPORTANT – IN ORDER TO GENERATE APPLICATION SPECIFIC TO DESIRED COVERAGES, PLEASE CHECK COVERAGES REQUESTED AND COMPLETE THE CORRESPONDING SECTION(S)

COVERAGE REQUESTED		
<input type="checkbox"/>	SITE POLLUTION IMPAIRMENT LIABILITY COVERAGE (SPIL)	Complete SITE POLLUTION IMPAIRMENT LIABILITY SECTION
<input type="checkbox"/>	PACKAGE (SITE POLLUTION AND GENERAL LIABILITY) COVERAGE	Complete SPIL Application below and GL Acord Application
<input type="checkbox"/>	EXCESS COVERAGE AND PACKAGE UMBRELLA	COMPLETE EXCESS COVERAGE AND PACKAGE UMBRELLA SECTION (in addition to primary coverage sections)
YES <input type="checkbox"/> NO <input type="checkbox"/>	COVERAGE ENHANCEMENTS <ul style="list-style-type: none"> • Non-Owned Disposal Sites (NODS) – Addendum A • Transportation (TPL) – Addendum B • Chemical Use, Storage, and Treatment – Addendum C • Treatment Facilities – Addendum D • Recycling Facilities, Transfer Stations, or Landfills – Addendum D • Above Ground Storage Tanks (AST) - Addendum E 	Complete applicable COVERAGE ENHANCEMENTS SECTION (Addendums A – F)

GENERAL APPLICANT INFORMATION (MANDATORY)	
Named insured:	
Mailing address:	
Contact name:	
Telephone #:	
Fax #:	
Email address:	
Company website:	
Year established: SIC or NAIC Code Acreage	
EPA ID # (if applicable)	
Business type:	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Other
FEIN #:	



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1. List other entities requesting coverage under this policy and their relationship with the named insured:	
2. Are there any additional insureds? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, list the entities and their relationship to the named insured and services performed:	
3. Description of named insured's operations:	
4. REVENUES (for all entities to be insured):	DOMESTIC
Current estimated annual revenue:	\$
Prior year's annual revenue	
5. States in which you conduct operations:	
6. At the time of signing this application, is the applicant aware of any fact, circumstance, or situation which may reasonably result in a claim against the applicant or any other person or entity for which coverage is being sought?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please describe and provide currently values loss runs if prior coverage existed:	
7. Has any environmental coverage ever been declined, cancelled or non-renewed?	YES <input type="checkbox"/> NO <input type="checkbox"/>

REQUESTED COVERAGE DETAILS			
	GENERAL LIABILITY	SITE POLLUTION COVERAGE	EXCESS COVERAGE AND PACKAGE UMBRELLA
CHECK IF APPLICABLE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occurrence / claims made		Click here to enter text.	
Limits			
Deductible / SIR			
Effective dates			
Retroactive date			
On-Site Clean-up	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Off-Site Clean-up		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS AND EXISTING COVERAGE DETAILS			
	GENERAL LIABILITY	SITE POLLUTION COVERAGE	EXCESS COVERAGE AND PACKAGE UMBRELLA
CHECK IF APPLICABLE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occurrence / claims made			
Carrier			
Limits			
Deductible / SIR			
Premium			
Effective dates			
Retroactive date			



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COVERED FACILITY LOCATION INFORMATION

1. Facility(ies) to be covered:				
STREET ADDRESS	CITY	STATE	ZIP CODE	
1.				
2.				
3.				
4.				
5.				
Facility(ies) details continued (numbers below correspond to addresses above):				
OWNED/LEASED	CURRENT GENERAL USE OF PROPERTY AND YEAR YOUR OPERATIONS/OWNERSHIP BEGAN ON-SITE	LIST OF THIRD PARTY TENANTS ON SITE		
1.				
2.				
3.				
4.				
5.				
FENCE?	SRINKLER?	EMERGENCY LGHTING?	ARE THIRD PARTIES ESCRTEED WHEN ENTERING PREMISES?	
1. YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
2. YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
4. YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
5. YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
PROVIDE DESCRIPTION OF SITE SECURITY				
1.				
2.				
3.				
4.				
5.				
2. Prior use of facility(ies) (including year operations began on-site):				
3. Future use of facility(ies) (including potential material change):				
4. Are there any known plans for future development, improvement, betterment, demolition or plans for changes in site operations at the locations listed herein?				YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain.				
5. Are there any future plans to sell or sublease any of the locations listed herein?				YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain.				
6. Has there been any past, present or planned remediation, monitoring, or sampling to investigate potential contamination?				YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please provide explanation and attach copies.				



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SURROUNDING LAND USE

DIRECTION	ADJACENT LAND USE	DISTANCE TO CLOSEST RESIDENTIAL AREA
North		
South		
East		
West		
1. Are there any nearby surface water bodies (i.e. streams, lakes, wetlands) or any protected environments in the area (parks, wildlife reserves, etc.)? If yes, please describe and include the distance from the Facility.		YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Is public water and sewer used on site? If no, please describe.		YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Has the facility developed the following approved plans?		
• Pollution prevention and control (PPC) and/or spill prevention, control and countermeasure (SPCC) plan?		YES <input type="checkbox"/> NO <input type="checkbox"/>
• Corporate safety and health plan?		YES <input type="checkbox"/> NO <input type="checkbox"/>
• Fire/spill response plan?		YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Do you have any groundwater monitoring activities at the location? If yes, please describe.		YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Number of groundwater wells: Type of wells (drinking or monitoring)?		
6. Is the location within a flood plain		YES <input type="checkbox"/> NO <input type="checkbox"/>



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For the purposes of this application, the undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete. The underwriter is authorized to make any inquiry in connection with this application. Accepting this application does not bind the underwriter to complete, or the applicant to purchase, the insurance.

The information contained in and submitted with this application is on file with the underwriter. The underwriter will have relied upon this application and attachments in issuing any policy.

If this information in this application or in any attachment materially changes between the date of this application and the policy effective date, the applicant will notify the underwriter, who may modify or withdraw any quotation or agreement to bind the insurance.

NOTICE TO ARKANSAS, MARYLAND, NEW MEXICO, RHODE ISLAND & 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 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 Authorities.

NOTICE TO DISTRICT OF COLUMBIA 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 insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

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 a denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false and misleading information on an application for an insurance policy is subject to criminal and civil penalties.



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NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowingly that he/she 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 (365: 15-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND 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 VERMONT 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 materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO NEW YORK 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, and shall be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violations.

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.

Applicant's signature: _____

Date: _____

APPLICANT'S NAME	
TITLE	
TELEPHONE NUMBER	
EMAIL ADDRESS	



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COVERAGE ENHANCEMENTS

COMPLETE IF ADDITIONAL COVERAGES ARE REQUESTED.

Addendum A

NODS COVERAGE – NON-OWNED WASTE SITE DISPOSAL ACTIVITIES:

1. Does the applicant require disposal of any hazardous material as part of its operations? If yes, please describe materials, quantities generated per month and facility at which the material is disposed (if available, please provide a copy of the most recent waste manifest).			
MATERIAL	MONTHLY VOLUME	DISPOSAL FACILITY (INCL. ADDRESS)	OWNED OR NON-OWNED
2. Do any of the applicant's facilities have an EPA ID number?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please provide:			
3. Are any of the applicant's facilities classified as conditionally exempt RCRA-SQG (CESQG), RCRA-SQG; RCRA-LQG, RCRA TSD?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please provide:			
4. Does the applicant have any facilities classified as a RCRA TSD facility?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please provide the type of waste accepted:			
5. Has applicant been named as potential responsible party (PRP) in connection with disposal activities?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please provide details:			
ACRONYM KEY			
RCRA-SQG	Resource Conservation and Recovery Act		
SQG	Small Quantity Generators of Hazardous Waste		
CESQG	Conditionally exempt small quantity generators		
LQG	Large Quantity Generators of Hazardous Waste		
RCRA TSD	Treatment, Storage and Disposal Facility		



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Addendum B

TRANSPORTATION (TPL) - (PLEASE INCLUDE ACORD AUTOMOBILE APPLICATION, DRIVERS LIST AND MVRs, IF AVAILABLE). *IT IS NOT NECESSARY TO COMPLETE IF THE AUTO INFORMATION FOR EXCESS COVERGE APPLICATION WAS COMPLETED.*

1. Does the applicant have any operations that require the transportation of hazardous materials?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
a. First party						
If yes, and the applicant transports the materials themselves, please complete the table below.						
	VEHICLE TYPE	# OF VEHICLES	MAX. DISTANCE DRIVEN	MATERIAL(S) HAULED	CARRIER TYPE (BULK, CONTAINER, TANKER, ETC.)	
	Private passenger					
	Light truck					
	Medium truck					
	Heavy/extra heavy truck					
	Heavy/extra heavy truck tractors					
i. Total vehicles hauling hazardous materials: Click here to enter text.						
ii. Do you have an auto safety & training program and check mvr's regularly?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
iii. Do you have a vehicle maintenance program in place?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
b. Third party						
If yes, and the hazardous materials are transported by a third-party, please complete the table below.						
	WASTE HAULER NAME	MATERIAL(S) HAULED	CARRIER TYPE (BULK, CONTAINER, TANKER, ETC.)	MAX. DISTANCE TRAVELED		
i. Do you verify that the transporter's insurance includes both a pollution endorsement and a MCS-90 endorsement?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
ii. Has the applicant had any pollution claims from transported cargo in the past five years?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, explain:						



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Addendum D

TREATMENT FACILITIES

PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY

COVERED LOCATION INFORMATION	
NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:	
FACILITY EPA ID #:	STATE ID #:
IS THE FACILITY PERMITTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BY WHOM?	

FACILITY BACKGROUND				
TYPE OF TREATMENT FACILITY (CHECK BOX)				
<input type="checkbox"/> PROCESS WATER	<input type="checkbox"/> WASTEWATER	<input type="checkbox"/> DRINKING WATER	<input type="checkbox"/> HAZARDOUS WASTE	<input type="checkbox"/> OTHER:
WHEN WAS THE FACILITY BUILT?			WHEN WAS THE FACILITY PERMITTED?	
MAXIMUM PERMITTED AMOUNT TREATED:			AVERAGE DAILY AMOUNT TREATED:	
PLEASE DESCRIBE TREATMENT METHODS:				
IS ANY TREATED MATERIAL OR BY-PRODUCT SOLD OR GIVEN AWAY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN.				
WHERE IS EFFLUENT DISCHARGED:				
HOW IS ACCESS TO THE FACILITY CONTROLLED?				
DOES THE FACILITY TREAT ANY RADICACTIVE WASTE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN.				

EMERGENCY RESPONSE PROCEDURES
DOES THE FACILITY HAVE A WRITTEN EMERGENCY RESPONSE PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE PROVIDE A COPY WITH THIS APPLICATION)
ARE EMPLOYEES TRAINED ON EMERGENCY RESPONSE PROCEDURES? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW OFTEN?



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Addendum E

RECYCLING FACILITIES, TRANSFER STATIONS, OR LANDFILLS

PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY.

COVERED LOCATION INFORMATION	
NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:	
FACILITY EPA ID #:	STATE ID #:
IS THE FACILITY PERMITTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BY WHOM:	

FACILITY BACKGROUND			
TYPE OF TREATMENT FACILITY (CHECK BOX)			
<input type="checkbox"/> MUNICIPAL LANDFILL	<input type="checkbox"/> CONSTRUCTION & DEBRIS LANDFILL	<input type="checkbox"/> HAZARDOUS WASTE LANDFILL	
<input type="checkbox"/> TRANSFER STATION	<input type="checkbox"/> RECYCLING FACILITY	OTHER:	
WHEN WAS THE FACILITY BUILT?		WHEN WAS THE FACILITY PERMITTED?	
MAXIMUM PERMITTED DAILY TONNAGE AMOUNT ACCEPTED:		AVERAGE DAILY TONNAGE AMOUNT ACCEPTED:	
TOTAL ACRES:	DISPOSAL ACRES:	BUFFER ACRES:	BUFFER USE:
PLEASE DESCRIBE MATERIALS ACCEPTED BY THIS FACILITY:			
HOW IS ACCESS TO THE FACILITY CONTROLLED?			
DOES THE FACILITY CURRENT MONITOR THE GROUNDWATER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE MOST RECENT GROUNDWATER MONITORING REPORTS WITH THIS APPLICATION.			

CELL INFORMATION				
	ID No.	ID No.	ID No.	ID No.
ACTIVE OR CLOSED				
DATE FIRST USED				
ESTIMATED CLOSURE DATE				
LINER TYPE				
LINER THICKNESS				
LEACHATE COLLECTION SYSTEM				
METHANE COLLECTION SYSTEM				
GROUNDWATER MONITORING SYSTEM				



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Addendum F

ABOVE GROUND STORAGE TANKS (AST)

PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY.

COVERED LOCATION INFORMATION
NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:
FACILITY EPA ID #:
NUMBER OF ABOVEGROUND STORAGE TANKS:

AST STORAGE TANK SCHEDULE					
	ID No.	ID No.	ID No.	ID No.	ID No.
AST					
AGE					
CAPACITY (gallons)					
PRODUCT CODE					
SECONDARY CONTAINMENT CODE					
ASSOCIATED PIPING					
LENGTH OF PIPING (feet)					
AGE					
% OF PIPING UNDERGROUND					
DISPENSER CODE					
OIL/WATER SEPARATOR IN USE?					

PRODUCT CODE	LEAK DETECTION CODE	SECONDARY CONTAINMENT CODE	DISPENSING CODE
D – Diesel	E – Electronic Monitoring	PC- Poured Concrete	S – Suction
G – Gasoline	DS – Dip Stick	CB – Concrete Block	P – Pressure
A – Aviation	MW – Monitoring Well	E – Earth	
U – Used Oil	PT – Pressure Test	L – Lined	
O – Organic Chemicals	SI – Statistical Inventory	N – None	
I – Inorganic Chemicals	N - None	UNK - Unknown	
	UNK - Unknown		