



ALTA RISK™
RENEWAL EIL APPLICATION

PLEASE ATTACH CURRENTLY VALUED LOSS RUNS AND CURRENT FINANCIALS.

<p>1. Covered Site Address/address's:</p>
<p>2. Have any operations changed or been added at this site/site's:</p> <p>If yes, please advise what.</p>
<p>3. Any changes or additions to hazardous materials stored at this location? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes, please advise what and the quantity stored.</p>
<p>4. Any claims, events, or circumstances that have or could reasonably give rise or result in a claim? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes, please explain:</p>
<p>5. Any Fines or violations? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes, please explain:</p>
<p>6. Storage Tank System Information: If you have any AST's and/or UST's, do you plan on upgrading, repairing, removing, or replacing them during the next twelve (12) months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>If yes, please provide a detailed description of the planned activities with a timeline for such activities to be completed_____</p>
<p>7. Revenues: Expected annual revenue \$ _____ Expiring term revenue \$ _____</p>

The Applicant represents that the answers given with respect to the foregoing questions are true, with no misrepresentations, omissions or other concealment of fact and agrees that any misrepresentation will constitute reason for the company to void or cancel any policy issued on the basis of this application and will hold the company harmless for the action taken.

SIGNING THIS FORM OR SUBMISSION OF PAYMENT DOES NOT BIND THE APPLICANT OR ALTA RISK, LLC TO COMPLETE THE INSURANCE. HOWEVER, IF COVERAGE IS BOUND, THIS APPLICATION AND ANY ADDITIONAL INFORMATION PROVIDED BY THE APPLICANT BECOMES A PART OF THE POLICY.

SIGNED

TITLE

DATE