

Application for Environmental Premises Liability



This application was developed in order to gain the information necessary to properly analyze your exposure to loss. The information contained will assist us in evaluating and pricing your coverage.

Instructions

Please complete the application in its entirety.

There may be sections that do not apply to your operations. Where that is the case, you should mark those sections as "not applicable" (N/A). If the answer to a question is none, state "None" or "0" in the space provided. If more space is required for you to answer any question completely, please attach a complete answer separately and identify the question you are responding to.

Please note: Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required prior to binding coverage.

This application must be signed and dated by an authorized representative of your company.

Submission Requirements

- ☐ Five (5) years of currently valued Site Pollution and/or General Liability loss information and details regarding any losses.
- ☐ Current year financials.
- ☐ Statement of Qualifications (SOQ) and Resumes of key personnel (corporate officers and/or managers).
- ☐ Copies of all available environmental reports.
- ☐ Copies of most recent storage tank inspection reports, if applicable.



environmental

188 Inverness Drive West, Suite 600
Englewood, Colorado 80112

www.intactspecialty.com

Application for Environmental Premises Liability



SECTION I – APPLICANT INFORMATION

Insured(s):

Mailing Address:

City:

State:

Zip Code:

Contact Name:

Contact Title:

Telephone:

Fax:

Email:

Website:

Current/Projected Revenue:

Expiring Year Revenue:

The Insured is an: ☐ Individual ☐ Corporation ☐ LLC ☐ Public Entity

☐ Partnership ☐ Joint Venture ☐ Not For Profit ☐ Other: _____

List other companies or entities requesting coverage under this policy and their relationship with the Named Insured(s):

Describe the operations of the Named Insured(s):

SECTION II – COVERAGE REQUESTED

Coverage Requested

Onsite Cleanup ☐

Offsite Cleanup ☐

Third Party Bodily Injury/Property Damage ☐

Effective Dates

Limits

SIR or Deductible

Retroactive Date

SECTION III - EXPIRING COVERAGE (Check if none ☐)

Coverage Requested

Onsite Cleanup ☐

Offsite Cleanup ☐

Third Party Bodily Injury/Property Damage ☐

Effective Dates

Limits

SIR or Deductible

Retroactive Date

SECTION IV – COVERED LOCATION(S) INFORMATION

	Address	Current Use	Historical Use
1			
2			
3			
4			

For each additional location, please attach a separate page with this information.

Do you have any intention to change the use or operation of any of the location(s) above?

☐ Yes ☐ No If **yes**, please explain.

Are there any plans for future development, upgrades, improvements, and/or demolition of any of the location(s) above?

☐ Yes ☐ No If **yes**, please explain.

Has there been any past, present or planned remediation, monitoring or sampling to investigate potential contamination at any of the location(s) above? ☐ Yes ☐ No If **yes**, please explain and attach copies of environmental reports.

Are there any groundwater monitoring wells at any of the location(s) above?

☐ Yes ☐ No If **yes**, please provide details, state how many and what they monitor.

Has the applicant ever been named as potential responsible party (PRP) in connection with any of the location(s) above?

☐ Yes ☐ No If **yes**, please explain.

Are there currently any aboveground and/or underground storage tanks located at any location?

☐ Yes ☐ No If **yes**, please complete the attached **Storage Tank Addendum**.

SECTION V - CLAIMS HISTORY

During the past five (5) years, has the insured or any individual or entity proposed for coverage submitted to any insurer or producer any claims or notice of any fact, circumstance, situation, transaction, event, act, error, or omission which they had reason to believe might or could reasonably be foreseen to give rise to a claim?

☐ Yes ☐ No If **yes**, please explain.

Does the applicant know of any fact, circumstance or situation which may reasonably be expected to result in a claim or claims being made against you or any individual or entity for whom coverage is sought for cleanup costs, injury or damage arising from the release of hazardous or non-hazardous substances into the environment from any location?

☐ Yes ☐ No If **yes**, please explain.

In the past five (5) years, has the applicant had any reportable spills or releases of hazardous/non-hazardous substances, wastes or any other contaminants as defined by applicable environmental statutes or regulations?

☐ Yes ☐ No If **yes**, please explain.

In the past five (5) years, has the applicant been prosecuted or is it currently being prosecuted for breach of any standard or law relating to the release or threatened release of a hazardous/non-hazardous substances, wastes or any other contaminants as defined by applicable environmental statutes or regulations?

☐ Yes ☐ No If **yes**, please explain.

Is the applicant aware of any historical or present contamination at or emanating from any location or any other circumstances which may reasonably result in a claim against the applicant or any individual or entity for whom coverage is sought?

☐ Yes ☐ No If **yes**, please explain.

FRAUD WARNINGS

GENERAL: Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and civil penalties.

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: Any person who, with intent to defraud or knowing 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, which is a crime.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowing presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 agencies.

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 employer or employee, insurance company, or self-insured program, files a statement of claim or an application containing any false or misleading information is guilty of a felony of 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 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 AND NEW MEXICO 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 civil fines and criminal penalties.

NOTICE TO MAINE, 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 may include imprisonment, fines, or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly **or** willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly **or** willfully 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 NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject 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 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 dollars and the stated value of the claim for each such violation.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON AND TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA 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 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 subjects such person to criminal and civil penalties.

SECTION VI – DECLARATIONS AND SIGNATURES

The undersigned, as authorized agent of all insureds, individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete.

The information in this Application is material to the risk accepted by Intact Insurance Group USA LLC ("Intact"). If a policy is issued it will be in reliance by Intact upon the Application, and the Application will be the basis of the contract.

The information contained in and submitted with this Application is on file with Intact and, along with the Application, will be considered physically attached to, part of, and incorporated into the policy, if issued.

Intact is authorized to make any inquiry in connection with this Application. Acceptance by Intact of this Application or the making of any subsequent inquiry does not bind the insured or Intact to complete the insurance or issue a policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to Intact under any policy of a claim or potential claim.

If Intact learns of a material change prior to the effective date of the policy, we may modify or withdraw any quotation or agreement to bind insurance. If the information in this Application materially changes prior to the effective date of the policy, the insured will immediately notify Intact.

Completion of this application does not bind coverage. The insured's acceptance of Intact's quotation is required prior to binding coverage.

Date

Signature

Print Name

Title

RETURN COMPLETED APPLICATION PLUS ANY SUPPLEMENTS AND ATTACHMENTS TO YOUR INSURANCE AGENT OR BROKER.

Producer Information:

Agent:	Agency:	
Agency License No.:	Intact Producer No.:	
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	
Email:	Website:	



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Addendum
Chemical Use, Treatment and Disposal Practices
 Application for Environmental Premises Liability



Do any of your locations use or store chemical and processing agents? ☐ Yes ☐ No If **yes**, please provide details.

Name and Location	Quantity Used Annually	Average Quantity on Hand	Method of Storage

Do any of your facilities treat or dispose of chemical and processing agents? ☐ Yes ☐ No If **yes**, please provide details.

Name and Location	Treatment/Disposal Process	Average Daily Volume	Disposal Facility or Location

Does the applicant treat and/or discharge chemical(s), wastewater, etc. into the environment from any location?

☐ Yes ☐ No If **yes**, please provide details below.

Name and Location	Daily Amount	Treatment Process	Type of receiving body (river, air, etc.)	Permit and ID Number (NPDES, RCRA, Air, etc.)

Has the applicant been named as potential responsible party (PRP) in connection with disposal activities (onsite or offsite)?

☐ Yes ☐ No If **yes**, please explain.

Do the locations above have written environmental, health and safety programs in place? ☐ Yes ☐ No

Are the employees trained in environmental, health and safety on the premises? ☐ Yes ☐ No

Addendum
Storage Tank Addendum
 Application for Environmental Premises Liability



Note: Storage Tank coverage is not available on a stand alone basis.

Please complete the following chart for all storage tanks at the location. Copy this page if necessary.

Location					
Tank No.					
Type of Storage Tank	<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> AST <input type="checkbox"/> UST
Size (gallons)					
Year Installed					
Contents					
Tank Construction Material					
Tank Protection					
Wall Construction	<input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> Single <input type="checkbox"/> Double
Type of Secondary Containment					
Leak Detection					
Dispenser Method	<input type="checkbox"/> Suction <input type="checkbox"/> Pressure <input type="checkbox"/> Gravity	<input type="checkbox"/> Suction <input type="checkbox"/> Pressure <input type="checkbox"/> Gravity	<input type="checkbox"/> Suction <input type="checkbox"/> Pressure <input type="checkbox"/> Gravity	<input type="checkbox"/> Suction <input type="checkbox"/> Pressure <input type="checkbox"/> Gravity	<input type="checkbox"/> Suction <input type="checkbox"/> Pressure <input type="checkbox"/> Gravity
UST: Date of most recent Tank Tightness Test					
AST Base Construction					
Containment Volume of AST					
Pipe Construction					
Year Pipe Installed					
Pipe Leak Detection					

Please use the following to complete the chart above

Contents	Tank Construction	Tank Protection	Secondary Containment	Leak Detection	Pipe Construction	Pipe Leak Detection
Gasoline	STI-P3	Cathodic Protection	Concrete	Electronic	Fiberglass/Flexible	Electronic
Diesel	Fiberglass	Painted/Coats	Earthen	Automatic Tank Gauge	Steel	Interstitial Monitoring
Kerosene	Polyethylene/Plastic	None	Steel	Statistical Inventory Control	Synthetic material	External Monitoring
Fuel Oil	Fiberglass Clad Lined Steel	Other (explain)	Vaulted	Manual Gauging	Other (explain)	Mechanical
Waste/Used Oil	Fiberglass Lined		Other (explain)	Visual Inspection		Other (explain)
Chemicals	Steel			Groundwater/Vapor Monitoring Wells		
Other (explain)	Other (explain)			Interstitial Monitoring		

Are there any plans to remove or upgrade any of the aboveground and/or underground storage tanks at the covered location?
☐ Yes ☐ No If **yes**, please explain.

Are you aware of any aboveground and/or underground storage tanks that have been removed or closed on the covered location? ☐ Yes ☐ No If **yes**, please explain and provide documentation.

Addendum
Landfill and Waste Treatment Facilities
 Application for Environmental Premises Liability



Facility Name:		
Physical Address:		
City:	State:	Zip Code:
Facility Contact Name:	Contact Title:	
Telephone:	Website:	

Type of Facility (check all that apply):		
<input type="checkbox"/> Class 1 Landfill	<input type="checkbox"/> Composting Facility	<input type="checkbox"/> Waste Tire Processing
<input type="checkbox"/> Class 2 Landfill	<input type="checkbox"/> Transfer Station	<input type="checkbox"/> Other: Treatment: _____
<input type="checkbox"/> Class 3 Landfill	<input type="checkbox"/> Waste Recovery Facility	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Class 4 Landfill		
Current Operational Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Closed		Date Closed/Anticipated:

Permitted Acreage	Active Acreage	Closed Acreage	Buffer Acreage	Total Acreage

Max. Permitted Throughput	Average Daily Throughput	Remaining Capacity	Acceptable Waste Type

Disposal Cells			
Number of Cells:	Number Lined:	Number Unlined:	Age of Oldest:

Leachate Monitoring and/or Collection System <input type="checkbox"/> Yes <input type="checkbox"/> No Average monthly volume: _____
Methane Gas Monitoring and/or Collection System <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please explain.
Groundwater Monitoring System <input type="checkbox"/> Yes <input type="checkbox"/> No If yes : how many wells? _____
If yes to any of the above questions, please provide most recent environmental monitoring report.

Has the applicant been named as a potential responsible party (PRP) in connection with this location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please explain.
Does the location have employees trained in environmental, health and safety on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last regulatory inspection? By which agency?
Were any Notices of Violation (NOV) issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please explain.

Addendum

Water and Wastewater Treatment Facilities

Application for Environmental Premises Liability



Please provide a Property Schedule for all locations.

<input type="checkbox"/> Potable Water Treatment:					
Facility Type	Total Number	Total Gallons		Distribution	Total Number
Treatment Facilities				Pipeline	(miles)
Elevated Water Tanks				Pump Stations	
Ground Level Water Tanks				Other:	
Groundwater Wells					
Reservoirs					

Source of All Water Supplies:

Customer Base					
User Type	Total Number	User Type	Total Number	User Type	Total Number
Residential		Commercial		Public Entities	
Agricultural		Industrial		Other: _____	

Are you in compliance with all local, state and federal water quality regulations? ☐ Yes ☐ No If **no**, please explain.

<input type="checkbox"/> Wastewater Treatment:					
Facility Type	Total Number	Total Gallons		Distribution	Total Number
Treatment Facilities				Sewer Pipeline	(miles)
Pump Stations				Stormwater Pipeline	(miles)
Lift Stations				Pump Stations	

Customer Base					
User Type	Total Number	User Type	Total Number	User Type	Total Number
Residential		Commercial		Public Entities	
Agricultural		Industrial		Other: _____	

Describe how sludge and any by-products are disposed of:

How many sewer backup incidents have you had in the last twelve (12) months: _____

How often are your sewer lines and pump stations inspected?

How often are your sewer lines and pump stations cleaned?

Have you received a Notice of Violation (NOV) in the last two (2) years? ☐ Yes ☐ No If **yes**, please explain and provide copies.

Are you in compliance with all local, state and federal water quality regulations? ☐ Yes ☐ No If **no**, please explain.