



## New Business Application for Environmental Impairment Liability (EIL) Insurance

Answer all questions, use separate sheets if necessary.

**NOTE: There are two sections to this application (1 - 9) and (A - Q)**

1. Applicant/Parent Company:	Date Needed:
Applicant/Parent Company Address:	Effective Date:
Phone: _____	
State: _____	
Web Address: _____	
Zip: _____	

2. Requested Coverages:	Proposed Limits/Retention	
<input type="checkbox"/> Onsite Cleanup/3rd Party Liability	<input type="checkbox"/> Onsite Cleanup Only	Occurrence: _____
<input type="checkbox"/> 3rd Party Liability Only	<input type="checkbox"/> Other _____	Aggregate: _____
<input type="checkbox"/> GL/3rd Party Liability		Deductible/SIR: _____
Retroactive Date: _____		Term (10-year max.): _____

3. Type of facility:
Please provide a brief description of why Environmental Liability coverage is needed:

4. List all locations to be covered:	Total Number of Facilities: _____
Loc#	Facility Name, Address, State & Zip Code
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
(List additional locations on separate page if necessary)	

5. **Financial Information**

Gross Receipts for Corporation/Company: \_\_\_\_\_

6. Attach a copy of the Applicant's most recent financial statement (balance sheet and income statement), or 10K. Attach pro forma statement if applicable.
7. Attach copies of recent or applicable environmental reports for each site, including but not limited to: Phase I or II assessments, corrective action plans, remediation work plans, or closure plans.
8. If any remedial activities have occurred at any of the proposed covered locations, attach EPA or State closure letters, no further action letters, or provide a detailed description of the steps being taken to attain closure and a schedule for attaining closure
9. Attach any complaint, suit, or correspondence related to any public complaints regarding any emission, discharge, or escape of any pollutant from any of the proposed covered locations to the local community.

Should the signatory become aware of any change or omission relative to the information provided herein subsequent to the completion of this application and precedent to the effecting of insurance, the undersigned promissorily warrants that he will submit to Environmental Risk Managers, Inc. supplementary advice specifying such change or omission. Notwithstanding the immediate foregoing, however, the signatory further promissorily warrants that he will inform Environmental Risk Managers, Inc. of any change or omission with respect to the answers given in this application at any time subsequent to the completion thereof, provided insurance has been effected. It is agreed that the duty imposed upon the signatory by virtue of the foregoing promissory warranties, shall be nondelegable. It is further agreed that this application shall be the basis of any insurance as may be subsequently effected by Environmental Risk Managers, Inc. and that Environmental Risk Managers, Inc. will rely upon the veracity of all responses thereto in causing such insurance to be effected. It is further understood and agreed that all representations and warranties made to Environmental Risk Managers, Inc. also are made to the issuing carrier.

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**TO BE COMPLETED BY INSURANCE AGENT**

Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you hold a surplus lines license?  Yes  No License No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## Environmental Risk Managers, Inc.

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### **IMPORTANT!**

Please answer Questions **A** through **Q** below for each facility that is proposed to be covered under this application. Make copies of the blank application for Questions **A** through **Q** so that information from each facility is included in the application. Init

**IMPORTANT!** Please Copy the Following Pages (Section A - Q) and Complete this Section for **Each Location** to be Scheduled/Covered

<b>A.</b> Facility Specific Information:																		
Name or Location Number: _____		Age of Facility: _____																
Has this location ever had any unregulated emission, discharge, release or escape of pollutants or other substances? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Is the Applicant aware of any pre-existing condition at this location that might lead to a claim under the policy if it were to be issued? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
<b>B.</b> Describe Current Operations/Manufacturing Processes:																		
<b>C.</b> Describe Historical Site Operations:	(environmental reports for the facility, Phase I or II, remediation plans)																	
<b>D.</b> Permits (Check all that Apply)	For each that apply, please attach a list of relevant permit ID numbers																	
<table><tbody><tr><td><input type="checkbox"/> RCRA Part B Permit or State Equivalent</td><td><input type="checkbox"/> EPCRA Section 302 TPQ</td></tr><tr><td><input type="checkbox"/> NPDES or State Equivalent</td><td><input type="checkbox"/> PCB Annual Reports</td></tr><tr><td><input type="checkbox"/> NPDES Storm Water Permit or State Equivalent</td><td><input type="checkbox"/> Small Quantity Generator</td></tr><tr><td><input type="checkbox"/> Air Permit (any type, federal, state or local)</td><td><input type="checkbox"/> Large Quantity Generator</td></tr><tr><td><input type="checkbox"/> UST or AST Registrations</td><td><input type="checkbox"/> Asbestos-Related Permits</td></tr><tr><td><input type="checkbox"/> CAA 112(r)</td><td><input type="checkbox"/> Onsite Disposal Permits</td></tr><tr><td><input type="checkbox"/> SARA Title III</td><td><input type="checkbox"/> Pesticide/Herbicide</td></tr><tr><td></td><td><input type="checkbox"/> OTHER:</td></tr></tbody></table>			<input type="checkbox"/> RCRA Part B Permit or State Equivalent	<input type="checkbox"/> EPCRA Section 302 TPQ	<input type="checkbox"/> NPDES or State Equivalent	<input type="checkbox"/> PCB Annual Reports	<input type="checkbox"/> NPDES Storm Water Permit or State Equivalent	<input type="checkbox"/> Small Quantity Generator	<input type="checkbox"/> Air Permit (any type, federal, state or local)	<input type="checkbox"/> Large Quantity Generator	<input type="checkbox"/> UST or AST Registrations	<input type="checkbox"/> Asbestos-Related Permits	<input type="checkbox"/> CAA 112(r)	<input type="checkbox"/> Onsite Disposal Permits	<input type="checkbox"/> SARA Title III	<input type="checkbox"/> Pesticide/Herbicide		<input type="checkbox"/> OTHER:
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	<input type="checkbox"/> OTHER:																	
<b>E.</b> Regulatory Compliance																		
a) Is the Applicant/Facility currently in compliance with all applicable environmental regulations? If no, attach a description detailing the measures being taken to comply.	<input type="checkbox"/> Yes	<input type="checkbox"/> No																
b) Has the Applicant/Facility ever been cited for any environmental or permit violation? If yes, attach a description detailing the violation, the steps taken to come into compliance, and the final outcome of the violation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No																
c) Does the Facility conduct regular environmental compliance audits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																

**Chemical Use, Treatment, Storage, and Disposal Information**

(Location Name)

<b>F.</b>	Raw and Process Chemicals	QUANTITIES		STORAGE METHODS (Check all that Apply)			
		Chemical Name	Total per Year	At Any One Time	Drum	AST	UST

**Attach Separate List if additional space is needed.**

(Applicant may attach a copy of a DMR in lieu of completing table below)

<b>G.</b>	Wastewater Handling? <input type="checkbox"/> N/A		Maximum Daily Discharge:		
	Constituents of Concern	Discharge Limits	Receiving Body	Outfall #	Treatment Process

**Attach Separate List if additional space is needed.**

Describe any permit exceedances or by-passes. List number of exceedances and the methods used to correct problem.

**Chemical Use, Treatment, Storage, and Disposal Information**

(Location Name)

<b>H. Hazardous/Special Waste Generation?</b>		<input type="checkbox"/> N/A			
Waste Type (RCRA #)	Quantity/Y ear	Treatment Method	Disposal Method	Total Quantity Stored Onsite	Date Disposal Started

**Attach list of additional waste materials, if necessary.**

<b>I. Offsite Disposal?</b>		<input type="checkbox"/> N/A			
Waste Type (RCRA #)	Quantity/Y ear	Treatment Method	Disposal Method	Disposal Facility	Date Disposal Started

**Attach list of additional waste materials, if necessary.**

<b>J. Onsite Disposal?</b>		<input type="checkbox"/> N/A
<input type="checkbox"/> Active Landfill Total acreage: _____ Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Lined: <input type="checkbox"/> Yes <input type="checkbox"/> No Leachate Collection: <input type="checkbox"/> Yes <input type="checkbox"/> No Monitoring Wells: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Wells: _____ Age of Facility: _____ Wastes(list): _____	<input type="checkbox"/> Closed Landfill Total acreage: _____ Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Lined: <input type="checkbox"/> Yes <input type="checkbox"/> No Leachate Collection: <input type="checkbox"/> Yes <input type="checkbox"/> No Monitoring Wells: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Wells: _____ Age of Facility: _____ Wastes(list): _____	<input type="checkbox"/> Injection Well Years in Operation: _____ Number of Wells: _____ Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Lined: <input type="checkbox"/> Yes <input type="checkbox"/> No Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No Wastes(list): _____

**Attach additional information for other onsite disposal facilities if necessary**

**Chemical Use, Treatment, Storage, and Disposal Information**

(Facility Name)

<b>K. Air Emissions?</b> <input type="checkbox"/> N/A					
Source	Quantity/ Year	Pollutant	Treatment Method	Permit Emission Limits	Years Source in Operation

**Attach a list of additional sources, if necessary**

<b>L. Aboveground Storage Tanks?</b> <input type="checkbox"/> N/A					
Identification	Age	Capacity (US Gallons or BBL)	Construction Material	Date of Last Inspection	Type of Containment

**Attach list of additional ASTs if necessary.**

<b>M. Underground Storage Tanks?</b> <input type="checkbox"/> N/A						
Tank ID	Age	Capacity	Tank Construction Material	Leak Detection Method	Piping Construction Material	Registered with State?

*All tanks greater than 10 years old MUST have current tightness tests.*

**Attach list of additional USTs if necessary.**

**Chemical Use, Treatment, Storage, and Disposal Information**

(Location Name)

**N.** Has the location/facility, during the last five years, been cited or prosecuted for any violation of any standard or law relating to the release of a substance into the environment?

Yes  No

If yes, provide details:

**O.** Has the location/facility ever been sued or requested to pay any damages or to perform any cleanup activities with respect to any actual alleged pollution incident either on the facility grounds or to an offsite party or location?

Yes  No

If yes, provide details:

**P.** List all environmental losses paid or incurred over the past three years.

<u>Date</u>	<u>Amount</u>	<u>Description of Loss</u>

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