



Mergers, Acquisitions, & Pollution Protection (MAPP) Application

General Information:

1. Business Name (dba): _____
2. Legal Name: _____
3. Mailing Address: _____ City: _____ State: _____ Zip: _____
4. Physical Address: _____ City: _____ State: _____ Zip: _____
5. Contact Person: _____ Phone: _____ Fax: _____
6. Email Address: _____ Web site: _____
7. Type of Entity: Individual Partnership Joint Venture Corporation Other: _____
8. Effective Date: ____ / ____ Date Needed By: ____ / ____

Description of Operations & Exposures:

9. _____

Coverages Requested	Limits of Insurance	Self Insured Retention
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10. Representations & Warranties <input type="checkbox"/>	_____	_____
11. Environmental Liability <input type="checkbox"/>	_____	_____
12. Buyer's Policy <input type="checkbox"/> Seller's Policy <input type="checkbox"/>		
13. Policy Period requested: From: _____ To: _____		

14. Current Ownership:
⇒ Number of Common shares outstanding: _____
⇒ Approximate number of Common stock shareholders: _____

15. Name & % of holdings of any shareholder who owns 5% or more of the common shares directly or beneficially:

16. Describe fully any other securities convertible to common stock:

Past Activities:

17. Has the policyholder changed independent auditors in the past 3 years? Yes No

If yes, please explain: _____

18. Has the policyholder had any changes in the board of directors or senior management within the past 3 years? Yes No

If yes, please outline changes: _____

19. Has the policyholder or any director, officer or other proposed insured been involved in any of the following within the past 3 years:

⇒ Anti-trust, copyright or patent litigation? Yes No

⇒ Civil or criminal action or administrative proceeding charging violation of federal, state or foreign security law or regulation? Yes No

⇒ Any other criminal actions? Yes No

⇒ Representative actions, class actions or derivative suits? Yes No

⇒ Investigation by the Securities and Exchange Commission, or similar state or foreign agency? Yes No

⇒ If yes to any of the above, please attach details.

READ AND SIGN BELOW:

20. The insureds declare to the insurer that they: (a) exercised all due diligence in and about the preparation of the documentation mentioned in section 10 below, (b) sought and obtained advice from the advisors who prepared the documentation as to the matters on which they were retained for the documentation, (c) fully and properly instructed the advisors in regard to that preparation, and (d) made all reasonable and diligent inquiries as to any facts or matters likely to affect the preparation.

If yes, please initial here: _____

READ AND SIGN BELOW:

21. No person(s) or entity(ies) proposed for this insurance is cognizant of any fact, circumstance or situation which he/she has reason to suppose might afford grounds for any claim such as would fall within the scope of the proposed insurance. If there are any exceptions, please attach complete details.

If none, please initial here: _____

22. The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she shall, in order for the information to be accurate on the effective date of the insurance, immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

It is agreed that with respect to lines 26,28 and 29 above, if such knowledge exists, any claim arising therefrom is excluded from the proposed insurance.

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature

Date

Print Name

Title

Attachments:

23. As part of this application, submit the following documents with respect to the policyholder:

- ⇒ The Purchase/Sale/Acquisition/Merger Agreement
- ⇒ The latest audited financial statement
- ⇒ Any side agreements and letters relating to the purchase, sale, acquisition or merger
- ⇒ Any and all other documents related to the representations and warranties proposed for coverage in line 23 above.
- ⇒ Any schedules, exhibits and disclosure statements relating to the representations and warranties to be insured.

Please Return Completed Application & Applicable Documents to:

Environmental Risk Managers, Inc.

Chris Bunbury
chris@ermi.us
(231) 218 -1041

Brooks Bunbury
brooks@ermi.us
(231) 218 -1044

www.ermi.us



MAPP

Environmental Liability Insurance Supplemental Application

Answer all questions, use separate sheets if necessary.

NOTE: There are two sections to this application (1 - 8) and (A - O)

1. Requested Coverages:

Onsite Cleanup & 3rd Party Liability 3rd Party Liability Only Transportation Pollution Liability Non-Owned Disposal Site Liability

2. List All Locations to be Covered:

Total Number of Facilities: _____

Loc#	Facility Name, Address, State & Zip Code
1	_____
2	_____
3	_____
4	_____
5	_____

(Provide SOV)

6. 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.
7. 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
8. 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 _____

IMPORTANT!

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

A.	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.	Describe Historical Site Operations:

C. Permits (Check all that Apply)	For each that apply, please attach a list of relevant permit ID numbers	
<input type="checkbox"/> RCRA Part B Permit or State Equivalent <input type="checkbox"/> NPDES or State Equivalent <input type="checkbox"/> NPDES Storm Water Permit or State Equivalent <input type="checkbox"/> Air Permit (any type, federal, state or local) <input type="checkbox"/> UST or AST Registrations <input type="checkbox"/> CAA 112(r) <input type="checkbox"/> SARA Title III	<input type="checkbox"/> EPCRA Section 302 TPQ <input type="checkbox"/> PCB Annual Reports <input type="checkbox"/> Small Quantity Generator <input type="checkbox"/> Large Quantity Generator <input type="checkbox"/> Asbestos-Related Permits <input type="checkbox"/> Onsite Disposal Permits <input type="checkbox"/> Pesticide/Herbicide <input type="checkbox"/> OTHER:	

D. Regulatory Compliance		
a) Is the Applicant/Facility currently in compliance with all applicable environmental regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, attach a description detailing the measures being taken to comply.		
b) Has the Applicant/Facility every been cited for any environmental or permit violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, attach a description detailing the violation, the steps taken to come into compliance, and the final outcome of the violation.		
c) Does the Facility conduct regular environmental compliance audits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

E. Raw and Process Chemicals Onsite	QUANTITIES		STORAGE METHODS (Check all that Apply)			
Chemical Name	Total per Year	At Any One Time	Drum	AST	UST	Other

(Location Name)

(Applicant may attach a copy of a Daily Monitoring Report in lieu of completing table below)

F.	Wastewater Handling? <input type="checkbox"/> N/A			Maximum Daily Discharge:	
Constituents of Concern	Discharge Limits	Receiving Body	Outfall #	Treatment Process	
Describe any permit exceedances or by-passes. List number of exceedances and the methods used to correct problem.					

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

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

I.	Onsite Waste Disposal? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, provide details: _____					

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

(Location Name)

K. Aboveground Storage Tanks?		<input type="checkbox"/> N/A	
Identification	Age	Capacity (US Gallons or BBL)	Construction Material

L. Underground Storage Tanks?		<input type="checkbox"/> N/A				
Tank ID	Age	Capacity	Tank Construction Material	Leak Detection Method	Piping Construction Material	Registered with State?
All tanks MUST have current tightness tests.						

M. 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide details: _____			

N. 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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details: _____	

O. List all environmental losses paid or incurred over the past three years.		
Date	Amount	Description of Loss