

RLI ENVIRONMENTAL INSURANCE
Environmental Solutions for a Greener World

SITE SPECIFIC ENVIRONMENTAL LIABILITY APPLICATION

INSTRUCTIONS:

- Please print or type clearly.
- All questions must be answered. Please contact your agent if assistance is required.
- If any questions do not apply, print or type "N/A" in the space provided.
- This application must be signed and dated by an authorized Owner, Principal, Partner, Director or Risk Manager of the Insured.
- If additional space is needed to answer the question, attach details on a separate sheet using the Insured's letterhead.

This application is not an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, please attach details on a separate sheet of paper.

APPLICANT INFORMATION

Applicant Name: _____

Insured Name (If different than above): _____

Street Address (Please do not provide only a P.O. Box): _____

City: _____ **State:** _____ **Zip Code:** _____

Name of Contact: _____ **Title:** _____

Telephone: _____ **Fax:** _____

EPA Identification Number (if any): _____

Insured's Principal Business Operations:

Entity Type: Partnership Trust Individual Joint Venture LLC/LLP Other: _____

COVERAGE SPECIFICATIONS

Proposed Effective Date: _____ Retroactive Date (If prior environmental coverage exists): _____

Desired Deductible: \$2,500 \$5,000 \$10,000 Other: _____

Desired Limits of Liability: \$1 mil/\$1 mil \$1 mil/\$2 mil \$2 mil/\$2 mil Other: _____

Has any insurance company denied, canceled or non-renewed pollution liability coverage? If "Yes," please provide details. Yes No

PRIOR ENVIRONMENTAL INSURANCE INFORMATION Please check here if this section does not apply.

Insurance Carrier	Term	Retroactive Date	Limits Of Liability	Deductible/SIR	Premium
				\$	\$
				\$	\$
				\$	\$

All questions must be answered. Please contact your agent if assistance is required.

Does the Applicant have a Spill Prevention Control and Countermeasure (SPCC) Plan? If "Yes," please attach a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant have an Emergency Response plan? If "Yes," please attach a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Applicant a generator of hazardous waste? If "Yes," please indicate status:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conditionally Exempt Small Quantity <input type="checkbox"/> Small Quantity <input type="checkbox"/> Large Quantity <input type="checkbox"/>	
Do you have a person whose responsibility is environmental management and/or compliance? If "Yes," please provide contact name and phone number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

LISTING OF LOCATIONS FOR WHICH COVERAGE IS DESIRED (Please add separate sheet if necessary.)

	Location Address	Current Operations Performed	Total Acres	Lease Or Own	How many years have you occupied this location?
1.					
2.					
3.					
4.					
5.					

ADJACENT LAND USE (Please add separate sheet if necessary.)

Location	North	East	South	West
1.				
2.				
3.				
4.				
5.				

If additional space is needed to answer a question in the section below, please attach additional sheets and reference the question number.

1. If past historical operations at any of the locations indicated above are different than current operations, please describe.	
2. For the locations indicated above, please list any other companies which operate out of or lease space at those locations and please indicate their operations.	
3. Are you aware of any trash, debris or waste materials that have been disposed of in a pit, landfill, pond or other area at any location for which coverage is being requested? If "Yes," please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is public water and sewer used at all of the locations? If "No," please provide details of what is used in its place.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are all floor drains, sanitary systems and other sources of liquid waste or discharges properly connected to either a sanitary sewer, publicly owned treatment works, pre-treatment, septic or other waste collection or treatment system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are there any drinking water wells or water supply wells located at any of the locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are there any surface water bodies (i.e. lakes, rivers, ponds, wetlands) at any location? If "Yes," please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No

All questions must be answered. Please contact your agent if assistance is required.

8. Are there any known existing pollution conditions at any of the locations? If "Yes," please provide details. Yes No

9. Has there been or is there currently any remediation, monitoring or cleanup associated with any past or present leak, spill, release or pollution incident at any of the locations for which coverage is desired? If "Yes," please provide details. Yes No

10. Are there any groundwater monitoring wells at any of the locations? If "Yes," please explain. Yes No

11. Are there any pipelines or gas/oil wells at any of the locations? If "Yes," please explain. Yes No

Do any of the locations generate, handle, store or dispose of any hazardous waste or materials? If "Yes," please complete the Waste Generation table below. Yes No

Description Of Waste	Estimated Amount Per Year	Estimated At Any Time	Method Of Storage	Disposal Method

UNDERGROUND AND ABOVE GROUND STORAGE TANKS Please check here if this section does not apply

Tank Schedule (Please add separate sheet if necessary.)

Tank # AST Or UST	Capacity (Gallons)	Age (Years)	Contents

Are you aware of any tanks that have been removed or closed in place at any location for which coverage is being requested? Yes No
If "Yes," please describe.

Are there any Air Emissions at any of the locations which require a permit? Yes No

Type of Air Emission	Volume Per Year	Treatment/Collection Method

Are there any Effluent Wastewater Discharges at any of the locations which require a permit? Yes No

Permit ID Number	Permitted Volume	Discharge Point

All questions must be answered. Please contact your agent if assistance is required.

FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.)

IN FLORIDA, 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 OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IN THE DISTRICT OF COLUMBIA, 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Producer's Signature	Producer's Name (Please Print)
Applicant's Signature	Applicant's Name (Please Print)
Date Signed By Applicant	