

Environmental Liability Application



Zurich American Insurance Company
1400 American Lane
Schaumburg, Illinois 60196-1056

Instructions

1. All questions must be answered.
2. If space is insufficient, attach additional sheets of paper.
3. Have application signed and dated by the owners, partner or director of your firm.
4. Attach financial statements from the last three years.
5. Attach site diagram or plot plan.
6. Attach emergency response or spill contingency plan.

I. Applicant

1. Named Insured

2. Address

City

State

ZIP code

3. Contact name and title

4. Telephone number

5. Internet/Website address

6. Named Insured is Partnership Corporation Joint venture Other

7. Has the name of the firm been changed, or has any other business been purchased or any merger or consolidation taken place?

Yes No

If Yes, please detail changes in chronological order since inception

8. A. Revenue (estimate)

\$

B. Previous three years

\$ 19

\$ 19

\$ 19

9. Has any insurance been canceled or declined within the past 5 years?
If Yes, please explain

Yes No

10. Please list your current environmental liability coverage information

Carrier				Premium
				\$
Limits	Expiration	Deductible	Retroactive date	
\$		\$		

II. Coverage Options

11. Policy term

One year Two years Three years Other

12. Limit of liability/Deductible options

Each claim	Total for all claims	Deductible
\$	\$	\$
Proposed effective date	Retroactive date	

III. History

13. How many years has the Named Insured been in business

14. Location(s) to be covered: (attach additional pages if necessary)

Location	Name	Address/City/State	Years at location	O or L*
1.				
2.				
3.				
4.				

* O — Owned, L — Leased

15. Describe other companies which have offices or operations or lease space at the above locations

N/A

1.
2.
3.
4.

16. Please provide a general description of operations conducted at each location

1.
2.
3.
4.

17. Please describe historical use(s) of each location

1.
2.
3.
4.

18. Please list any documentation which describes the environmental condition at any of the covered locations

1.
2.
3.
4.

IV. Surrounding environment

Answer the following for each location.

19. Provide a description of the surrounding environment, i.e. name and type of operations at adjacent properties to the north, east, west and south

1.
2.
3.
4.

20. Distance to nearest residents

1.	2.	3.	4.
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21. Identify nearby bodies of water (streams, lakes, wetlands)

1.
2.
3.
4.

22. Does the company engage in onsite waste disposal activities? (landfill, ponds, surface impoundments)

Yes No

If Yes, please describe

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V. Location characteristics/Operations

Answer the following for each location.

23. Raw/Processed materials

Location	Material	Annual use	Any one time	Quantity of largest container	Storage methods*		
					Drum	Tank	Other
1.							
2.							
3.							
4.							

* Provide quantity and capacity

24. Effluent treatment and discharge

N/A

Location	Composition	Quantity per day	Treatment process	Discharge to	Years
1.					
2.					
3.					
4.					

25. Tank storage

N/A

	Location 1 Tank #	Location 2 Tank #	Location 3 Tank #	Location 4 Tank #
Position	<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
Age				
Capacity in gallons				
Contents				
Tank construction				
Diking construction for AST? (please see codes below)				
Date last tested				
Leak detection for UST? (please see codes below)				

Leak Detection Method

- Automatic leak detection
- Ground water monitoring
- Soil vapor monitoring
- Interstitial monitoring
- Manual tank gauging (sticking) inventory
- Other (please specify)

**Diking/
Base Construction/AST**

- Earthen
- Steel
- Concrete
- None
- Other (please specify)

26. Air emissions

N/A

Location	Source	Composition	Number of years	Control equipment
1.				
2.				
3.				
4.				

27. Describe disposal methods used

N/A

Location	Composition	Length of storage	Quantity per year	Disposal method	Onsite or offsite
1.					
2.					
3.					
4.					

VI. Optional coverage enhancements

28. If nonowned disposal site coverage (including treatment, storage, reclamation and disposal locations) is desired, please submit a current certificate of insurance.
29. If contingent transportation is desired, please submit a certificate of insurance for each hauler, if applicable.
30. If transportation coverage for owned autos is desired, please submit an automobile schedule (VIN, year, make and model along with three years loss runs).

VII. Claims

31. Has the company 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

32. Describe any environmental claims which the company has been involved in during the last five years

33. Describe any environmental incidents (spills or releases) which have occurred within the last five years

VIII. General representation statement

34. Are there any statues, or other city, state or federal regulations relating to the environment which apply to any location or operations with which the company cannot presently comply

35. At any time of signing this application, is the company aware of any circumstances which may reasonably be expected to give rise to a claim under any of the policies for which the company is applying

The applicant represents that the above statements are true and correct to the best of their knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued in the reliance of such representations.

Notice to Arkansas Applicant

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

Notice to Colorado Applicant

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 who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 Florida Applicant

“Any person who knowingly and with intent to injure, defraud, or deceive any insurer submits an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.”

Notice to Kentucky Applicant

“Any person who knowingly and with intent to defraud any insurance company or other 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.”

Notice to New Jersey Applicant

“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 Applicant

“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 of Ohio Applicant

“Any person who with intent to defraud or knowingly that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”

Notice to Oklahoma Applicant

“WARNING: 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 Pennsylvania Applicant

“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.”

Notice to All Other State 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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.”

Completion of this form does not bind coverage, application's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued, and it will be attached to the policy.

Applicant's signature

Date

Title

Agent/Broker

Address

City

State

ZIP code