



PLEASE ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:

1. Copies of all environmental audit or assessment reports that have been conducted at all locations for which coverage is sought
2. Most recent income statement and balance sheet
3. Five years of currently valued loss runs, if applicable

I. APPLICANT

1.1 Applicant (Proposed Named Insured):	1.4 Date:
1.2 DBA Name(s):	1.5 Website:
1.3 Address:	1.6 Phone:
City, State, Zip:	1.7 Email:

II. BUSINESS INFORMATION

2.1 Applicant business entity is a:	<input type="checkbox"/> Sole-Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint-Venture (JV) <input type="checkbox"/> LLC <input type="checkbox"/> Other (If JV or Other, please describe):		
2.2 Date Applicant business was established:			
2.3 Has the Applicant business been involved in any business consolidation, dissolution, acquisition and/or merger, or any similar business transactions?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide detail, including dates:			
2.4 Does the Applicant business entity have of the following (check all that apply):	<input type="checkbox"/> Subsidiaries <input type="checkbox"/> A Parent Company <input type="checkbox"/> Other Related/Affiliated Entities If so, please indicate relationship to Applicant, business name and address, and any other pertinent detail:		
2.5 Please list Applicant's Total Gross Revenue below (include income from subcontracted operations):			
Past Year: \$	Current Year: \$	Next Year (Estimated): \$	

III. COVERAGE – CURRENT AND REQUESTED

3.1 What is the requested Effective Date for coverage?							
3.2 What is the requested Coverage Term?	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 years						
3.3 Is this New Business or are you seeking a Renewal Policy?	<input type="checkbox"/> New Business <input type="checkbox"/> Renewal						
3.4 Please indicate below the Limits of Liability and Deductibles being requested:							
Limits of Liability		Deductible		Occurrence or Claims Made		Retroactive Date	
\$ Each Claim		\$		Claims Made Only			
\$ Aggregate							
3.5 Complete details for your pollution insurance coverage for the past three years:							
Effective Date	Expiration Date	Carrier	Premium	Limits of Liability	Deductible	Occurrence or Claims Made	Retroactive Date
			\$	\$ Each Claim	\$	Claims Made	
			\$	\$ Aggregate	\$	Claims Made	
			\$	\$ Each Claim	\$	Claims Made	
			\$	\$ Aggregate	\$	Claims Made	
*PLEASE ATTACH THE DECLARATIONS PAGE FOR EACH OF YOUR EXISTING COVERAGES.							
3.6 Has any policy or coverage listed been declined, cancelled and/or non-renewed during the prior three (3) years?							<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:							
3.7 Please list other coverages and endorsements that Applicant is requesting:							

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IV. LOCATIONS

Please complete the following for all locations Applicant is seeking coverage for.
If additional space is needed, please attach a spreadsheet listing all locations and including the information indicated below.

4.1	Location Address	Acreage	Describe Current Operations at Each Location	Length of Time Such Operations have been Performed	Description of Structure(s)
	1.				
	2.				
	3.				
	4.				
	5.				
4.2	Are there other occupants, tenants or businesses at any of the above locations?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please list each such location and provide details on other occupants:				

V. SITE DETAIL

5.1	Provide a description of adjacent properties: North: South: East: West:				
5.2	Identify any surface or groundwater uses in the area (drinking wells, etc.):				
5.3	Is public water and sewer available?				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.4	Are there any protected environments in the area or sensitive receptors (parks, wildlife preserves, etc.) or school areas where children may frequent?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please describe:				
5.5	Identify nearby surface water bodies including approximate distances (i.e. streams, lakes, wetlands):				

VI. SITE HISTORY

6.1	Provide site history for each location listed above, including all past/prior operations performed at each location, and the length of time such operations were performed:				
	Location Address	Describe Past/Prior Operations at Each Location	Length of Time Such Operations were Performed		
	1.				
	2.				
	3.				
	4.				
	5.				

VII. HAZARDOUS OR WASTE PRODUCTS – HANDLING, STORAGE AND DISPOSAL PRACTICES

7.1	Are any hazardous or waste products/materials generated, processed, handled or stored at any location currently, or have such products/materials ever been generated, handled or stored at any location in the past?				<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2	Are any hazardous or waste products disposed of by Applicant, or by any third party on Applicant's behalf, including any on-site disposal at any location?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes to 7.1 or 7.2, please provide detail (including location; products/materials generated, processed, handled, stored or disposed of; on-site or off-site storage and/or disposal practices for each location, etc.):				
7.3	What is the maximum amount of waste processed per day? (show gallons, pounds, etc.)				
7.4	What is the maximum amount of waste stored at any one time? (show gallons, pounds, etc.)				

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VIII. OTHER ENVIRONMENTAL INFORMATION

8.1	Has fill material ever been used at any location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.2	Has any remediation, testing, or monitoring of soil or groundwater ever taken place at any location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.3	Does the use of/operations at any location require any environmental permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.4	Are there any plans to conduct any testing of soil, groundwater or surface water at any location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.5	Has any building structure at any location been tested for lead-based paint, asbestos or radon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.6	Are there any dry wells, septic systems, leach field or oil/water separators at any location?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IX. STORAGE TANKS

9.1	Does any location presently have any storage tanks on site? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	If yes, please explain the tank inventory control program:							
9.2	AST/UST	Tank Construction	Tank Size (Gals.)	Age	Date of Installation	Contents	Secondary Containment	Date and Results of Last Testing

X. LANDFILLS

10.1	Does Applicant now have, or has it ever had, a landfill on site at any location? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please complete the following: Date landfill originally opened: Location of Landfill:		
10.2	Acreage:	Active Landfill:	Closed Landfill: Vacant Land:
10.3	Type of waste collected:		
10.4	Is the landfill lined? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes: Type of liner: Material: Thickness:		
10.5	Is there a leachate collection system in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Amount of leachate produced annually:		
10.6	Number of active groundwater monitoring wells in place? Total:	Up Gradient:	Down Gradient:

XI. MOLD/FUNGI EXPOSURES

11.1	Is any location listed above located in a 100-year flood plain or in an area subject to periodic ponding or flooding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.2	Has any location listed above had any indoor air quality or mold problem that cost more than \$25,000 to resolve?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.3	Has any location listed above had any maintenance problems or construction defects that resulted in water intrusion, indoor air quality or mold problems? (Include problems to HVAC systems, roofing, windows, exterior siding, plumbing leaks and sewer backups)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.4	Does any location have any visible signs of mold growth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.5	Has any party ever made a complaint relating to indoor air quality or mold growth at any location listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.6	Do you have a formal process to track complaints relating to indoor air quality or mold?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.7	Has any inspection been performed at any location listed above relating to indoor air quality or mold?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.8	If yes to any of the above, please provide details:	

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XII. CLAIMS/CIRCUMSTANCES

Please respond to the following questions to the best of your knowledge and belief, after conducting due diligence and inquiry with any individuals who may have knowledge or information about the matters described below.

12.1	Has any claim, suit, regulatory investigation or proceeding or other proceeding or notice of incident been made against any proposed insured or any employee, contractor or staff member of any proposed insured, in the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.2	Has Applicant received any notices of actual or potential violations, citations, fines, penalties, complaints, or enforcement or regulatory actions in any way relating to non-compliance with environmental protection laws, in the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.3	At the time of signing this application, is Applicant aware of any event, fact, circumstance, situation, demand, act, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against any proposed insured for environmental damage, bodily injury or property damage arising from the release of hazardous substances or other pollutants into the environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.4	Has Applicant or any proposed insured ever paid out more than \$25,000 for any one claim or loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you responded "Yes" to any of the above questions in this section, please provide full details in an attachment to this Application.

NOTICE: The policy applied for, if issued, will not insure: any claim, suit, regulatory investigation or proceeding or other proceeding or incident disclosed, or which should have been disclosed, in response to the above; or any claim, suit, regulatory investigation or proceeding or other proceeding that arises from any event, fact, circumstance, situation, demand, act, error or omission disclosed, or which should have been disclosed in response to the above.

XIII. FRAUD WARNINGS

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 and subjects that person to criminal and civil penalties.

(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD only.

APPLICABLE IN CO

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 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.

APPLICABLE IN FL AND OK

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)*. *Applies in FL only.

APPLICABLE IN KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KY, NY, OH AND PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN ME, TN, VA AND WA

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 and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

XIX. REPRESENTATIONS AND SIGNATURE

By signing this Application, the undersigned represents, on behalf of the Applicant and all proposed insureds, the following:

- a. After conducting due diligence, the statements in the Application and Supplemental Application furnished to the Company are accurate and complete;
- b. Those statements furnished to the Company are representations Applicant makes on behalf of all proposed Insureds;
- c. Those representations are a material inducement to the Company to provide a premium proposal;
- d. If a policy is issued, the Company will have issued this Policy in reliance upon those representations;
- e. If there is any material change in the Applicant's condition or in the Applicant's activities, services, or answers provided in this Application that occurs or is discovered between the date this Application is signed and the Effective Date of any policy, if issued, Applicant will immediately report such material change to the Company in writing; and
- f. The Company reserves the right, upon receipt of such notice, to change or rescind any proposal previously offered by the Company.

As used above, the term "Company" refers to Capitol Specialty Insurance Corporation.

NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED TO APPLICANT, OR THAT ANY PERSONS, EVENTS OR OTHER SPECIFICS REFERENCED IN QUESTIONS, OR ANSWERS TO QUESTIONS, WILL BE COVERED UNDER ANY POLICY BOUND OR ISSUED TO APPLICANT.

This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.

Signature of Authorized Representative of Applicant

Title

Type / Print Name of Authorized Representative

Date

Producer Signature

Date