

SITE SPECIFIC ENVIRONMENTAL LIABILITY APPLICATION

RLI ENVIRONMENTAL INSURANCE Environmental Solutions for a Greener World

INSTRUCTIONS:

- Please print or type clearly.
- Please answer all questions completely.
- 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

PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:

- Any environmental surveys /assessments /audits performed at any of the locations to be considered.
- Most recent business income statement and balance sheet.
- 5 years of currently valued general liability and pollution loss runs.
- Company emergency response/spill plan
- Operations Permit Schedule (POTW, NPDES, RCRA, Air Emissions, etc. - if applicable).

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, attach details on a separate sheet of paper. All Applicants must sign the application where indicated.

APPLICANT INFORMATION

Applicant Name: _____

Insured Name (if different than above) _____

Address: _____

City: _____

State: _____

Zip Code: _____

Name of Contact: _____

Title: _____

Telephone: _____ Fax : _____

Company Web Address: _____

EPA Identification Number: _____

Insured's Principal

Business Operations: _____

Entity Type: Partnership Corporation Joint Venture LLC/LLP Other:

Coverage Specifications

Proposed Effective Date: _____

Retro Date (if prior environmental coverage exists) _____

Deductible Amount: \$5,000 \$10,000 \$25,000 Other: Desired Limits of Liability:

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COMPANY HISTORY				
Has any insurance company denied, canceled or non-renewed pollution liability coverage? If yes, please provide details:		Yes	No	
Have there been any mergers, acquisitions or consolidations? If yes, please explain:		Yes	No	
Does the firm have:	Subsidiaries Parent Company Other Related Entities	Yes	No	
If yes, please explain:				
Do you share employees with any of the above? If yes, please explain:		N/A	Yes	No
Schedule of Current/Past Pollution Coverage				
Insurance Carrier	Term	Limits of Liability	Deductible/ SIR	Premium
			\$	\$
			\$	\$
			\$	\$
REVENUES				
Year	Total Gross Revenues (\$)	Payroll (\$)	Employees (#)	
Projected/Upcoming	\$	\$		
Expiring	\$	\$		
First Prior	\$	\$		
Second Prior	\$	\$		
BUSINESS OPERATIONS				
Does the Applicant have a Spill Prevention Control and Countermeasure (SPCC) Plan?		Yes	No	If yes, please attach a copy.
Does the Applicant have an Emergency Response plan?		Yes	No	If yes, please attach a copy.
Does the Applicant have a documented Corporate Health and Safety Plan?		Yes	No	If yes, please attach a copy.
Does the Applicant have a documented Inspection Program?		Yes	No	If yes, please attach a copy.
Does the Applicant have a formal written Fire Protection Plan?		Yes	No	If yes, please attach a copy.
Is the Applicant a generator of hazardous waste?		Yes	No	If yes, please indicate status:
Conditionally Exempt Small Quantity Small Quantity Large Quantity				
Do you have a person whose responsibility is environmental management and/or compliance? If yes, please provide contact name and phone number: _____				
Have you ever been named as a Potential Responsible Party (PRP)?		Yes	No	If yes, please describe:
LOCATION DESCRIPTION (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.				
Are there any known existing pollution conditions at any of the locations?		Yes	No	If yes, please provide details:

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If past historical operations at any of the locations indicated above are different than current operations, please describe				
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.				
Are you aware of any waste materials that have been disposed of or buried at any location in which coverage is being requested? <p style="text-align: center;">Yes No If yes, please explain:</p>				
Is public water and sewer used at all of the locations? Yes No If no, please provides details of what is used in its place:				
Are there any drinking water wells or water supply wells located at any of the locations? Yes No				
Are there any surface water bodies (i.e. lakes, rivers, ponds, wetlands) at any location? Yes No If yes, please describe:				
ADJACENT LAND USE				
Location	North	East	South	West
1.				
2.				
3.				
4.				
5.				
 UNDERGROUND AND ABOVEGROUND STORAGE TANKS Check if this section does not apply _____				
Do you have any underground or aboveground storage tanks currently covered by a separate tank policy? Yes No If yes, provide carrier and policy number:				
What is the distance of the tanks to the boundary of the property line? At boundary less than 25 feet from property boundary more than 25 feet from property boundary				
Tank Schedule				
TANK # AST or UST	Capacity (gallons)	Age (yrs.)	Contents	
Are you aware of any tanks previously existing at any location in which coverage is being requested that have been removed or closed in place? <p style="text-align: center;">Yes No</p> If yes, please describe: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				

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Is there a landfill at any of the locations? **Yes** **No** If yes, please answer the following:

- Is it active? **Yes** **No**
- Total Acreage: Buffer zone acreage Disposal cell acreage
- Is landfill lined? What type of liner?
- Type of waste collected?
- Is there a leachate monitoring/collection system in place?
- Is there a methane gas monitoring/collection system in place?
- Tonnage accepted per day?

Please identify any past storage or disposal practices at any of the locations for which coverage is requested:

Lagoons Landfill Land farming Pits Ponds Other:

Are there any groundwater monitoring wells at any of the locations? **Yes** **No**

If yes, please explain:

Do any of the locations generate, handle, store or dispose of any hazardous waste or materials? **Yes** **No**

If yes, please complete the Waste Generation table below.

Description of Waste	Estimated amount Per Year	Estimated At Any Time	Method of Storage	Type of Secondary Containment	Disposal Method

Air Emissions
Check if this section does not apply _____

Type of Air Emission	Volume per Year	Treatment/Collection method

Effluent Wastewater Discharge
Check if this section does not apply _____

Permit ID Number	Permitted Volume	Discharge Point

Storage of Raw Materials/Finished Goods
Please check if this section does not apply _____

Do you have any raw materials and/ or finished goods at any of the locations **Yes** **No**

If yes, please indicate type, quantities and method of storage below

Description of Materials	Amount Stored Per Year	At Any One Time	Method of Storage	Type of Secondary Containment

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CLAIMS/COMPLIANCE HISTORY		
If additional space is needed to answer the question, attach details on a separate sheet using the Insured's letterhead		
Yes	No	
		At the time of signing this application, are you aware of any past or present contamination on-site or emanating from the site(s), or any circumstances which may reasonably be expected to give rise to a claim for bodily injury, property damage or cleanup costs or generate a request for coverage under this policy? If yes, please give details:
		During the past five (5) years, have you had any reportable releases or spills of hazardous substances, hazardous wastes or any other pollutants, as defined by applicable environmental laws and/or federal, state or local regulations? If yes, please give details:
		During the past five (5) years, have you been cited or prosecuted for any violation of any applicable environmental law and/or federal, state or local regulation arising from the release or spill of hazardous substances, hazardous waste or any other pollutants? If yes, please give details:
		Have you ever had any pollution claims for bodily injury, property damage or cleanup costs including, but not limited to, claims by private persons, public entities, government agencies or other third parties? If yes, please give details:
		Are there any statues, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at the present comply with? If no, please give details:
		Have you ever been cited or fined for housekeeping issues or improper storage/handling of raw materials, wastes or products at any location? If yes, please provide details
		Has there been any past, present or planned remediation, monitoring, or sampling to investigate potential contamination? If yes, please provide an explanation and attach copies of reports.
		Have any prior environmental studies, reports, or audits been prepared for the locations in which coverage is being requested? If yes, please provide copies of each and circumstances for each.
		Are there any future plans to sell or sublease any of the locations in which coverage is being requested? If yes, please explain:
		Are there any plans for future development, improvement, excavation, betterment, demolition or plans for changes at any of the locations in which coverage is being requested? If yes, please explain:

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FRAUD WARNING

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: 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 LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO NEW YORK 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 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 TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: 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 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 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 TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

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 materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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.

Applicant:

Title:

Applicant's Signature:

Date:

Agent / Broker Name:

**NEW ENGLAND
EXCESS EXCHANGE**

