

ABS Site Pollution Liability

For use in applying for the following coverages / products:

Monoline Pollution:

- Environmental Legal Liability Policy (ELL)

Instructions:

1. Please answer all questions.
2. If space is insufficient, attach additional sheets of paper
3. Have this Application signed and dated by an authorized owner, partner or director of the proposed first Named Insured. Attach a list of Insured(s) to be covered under this policy, relationship to the Applicant and/or an organizational chart.
4. The following items must be included for a complete submission:
 - a. Schedule of locations
 - b. List of subsidiaries or related entities also requesting coverage
 - c. Currently valued general liability, property and pollution liability loss runs (if applicable) for the past five years
 - d. Audited financial statements or 10-Ks for the previous two fiscal years
 - e. All available Environmental Site Assessments
 - f. Microbial Matter Operations and Maintenance Plan (if applicable)
 - g. A written copy of the applicant's acquisition standards and/or Environmental Due Diligence Plan
 - h. Copy(ies) of any recent property/casualty risk control reports.

Section 1: Applicant Information			
Applicant			
Address			
City	State	Zip	
Year Established	Website		
Contact Name		Contact Title	
Contact Phone		Contact Email	
Company is a(n)	Individual	Partnership	Corporation
		Joint Venture	Other

List All Named Insureds/Subsidiary Companies for Which Coverage is Requested

Named Insured/Subsidiary	Description of Operations	Revenues

Section 2: Coverage Requested
Proposed Effective Date

Existing Coverage			
Limits			
Deductible (Check if Self-Insured Retention)			
Claims Made Retroactive Date (if applicable)			
Carrier			
Premium			

Requested Coverage	
Limits	
Deductible (Check if Self-Insured Retention)	
Claims Made Retroactive Date (if applicable)	

Section 3: Operations

- 1. Gross Revenues for the next 12-month period: \$**
- 2. Site Information** *(If additional rows are needed, please attach another sheet.)*

Site No.	Insured Location Name	Site Address	City	State	Zip	Description of Operations

3. Change of Use / Capital Improvements

Is a change in use at any of the insured location(s) anticipated during the proposed policy period?	Yes	No
Are there any capital improvements (development, redevelopment, construction, demolition, etc.) planned during the proposed policy period? (Includes any work on the interior or exterior) <i>(If yes to either question, please include additional details below.)</i>	Yes	No

4. Historical or Planned Environmental Investigations, Remediation, and/or Monitoring

Has any remediation or monitoring of soil or groundwater taken place at any of the insured locations(s)?	Yes	No
Are there any plans to conduct any environmental assessments for soil, groundwater, surface water or emissions at any insured location(s)? <i>(If yes to either question, please include additional details below.)</i>	Yes	No

5. Environmental Permits

Does the use of the insured location(s) require any environmental permits? <i>(If yes, please attach a copy of all permits, along with applicable parameters.)</i>	Yes	No
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6. Per/Polyfluoroalkyl Substances (PFASs)

Have any PFASs 1, or any materials or products that may have contained any PFASs, ever been manufactured, used or stored at any insured location(s)? <i>(If yes, please describe.)</i>	Yes	No
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7. Aqueous Film Forming Foam (AFFF)

Have any AFFF fire suppressants ever been used or stored at any insured location(s)? (If yes, please describe.)	Yes No
Have there ever been any events at any insured location that required the discharge of any AFFF fire suppressants? (If yes, please describe.)	Yes No
If applicable, please describe all training, response protocols and the use of any third-party vendors that are used to maintain, inspect and respond to the use of AFFF.	

8. Storage Tank Systems

Are there or were there ever any storage tank systems on any insured location(s) scheduled above?
(If yes, complete schedule below.)

Related Site No.	Tank Number	AST/UST	Year Installed	DW/SW	Capacity (in gallons)	Contents	Status

If any tank(s) has been closed-in-place or removed, has the tank(s) been closed in accordance with applicable regulations? (If yes, include evidence of proper closure (NFA letter, closure letters, etc.)

Yes No

9. Safety Practices

Do you have a full-time safety manager?	Yes No	Do you have an Emergency Response Plan?	Yes No
Do you have a written Employee Health & Safety Plan?	Yes No	Do you conduct the appropriate environmental compliance assessments?	Yes No
Are proper contracts in place for 3 rd party vendors working at site?	Yes No	Is monitoring in place to assess permitted emissions and discharges?	Yes No
What measures are employed to protect personnel and the public at or in proximity to the insured location(s)?			

Section 4: Coverage Extensions

1. Indoor Air Quality

Is coverage for microbial matter being sought? <i>(If Yes, complete following section.)</i>	Yes	No
Have any water or indoor air quality related construction/maintenance defects been encountered? (If yes, what are they and how have they been addressed?)	Yes	No
Do you have an established Water Intrusion Response Plan and/or a Microbial Matter Operations & Maintenance Plan in effect for all insured locations(s)? (If yes, please attach.)	Yes	No
Have any of the buildings at any of the insured locations(s) had mold growth in which remediation costs exceeded \$25,000? (If yes, please detail.)	Yes	No
Have any indoor air quality/mold studies or inspections been done? (If yes, please provide a copy.)	Yes	No
Is there a formal documented complaint procedure in place? (If yes, please provide a copy.)	Yes	No
Have there been any formal third-party complaints for indoor air quality or outbreaks of legionella pneumophila at any of the insured locations(s)? (If yes, please provide a full description of each incident, including cause of loss, mitigation of loss, and any costs associated with the loss.)	Yes	No
Are there any cooling towers, whirlpools, spas or showers located at the insured location(s)?	Yes	No
<ul style="list-style-type: none"> If yes, is water sampling conducted to detect bacteria growth? 	Yes	No

2. Transportation Pollution Coverage

Is coverage for Transportation Pollution being sought? (If yes, complete the following section.)	Yes	No					
<table border="1"> <tr> <td>Limits</td> <td>\$</td> <td>Deductible</td> <td>\$</td> <td>Retroactive Date</td> </tr> </table>	Limits	\$	Deductible	\$	Retroactive Date		
Limits	\$	Deductible	\$	Retroactive Date			
Do you transport any wastes, non-hazardous, hazardous or petroleum-based materials (greater than 5 gallons or 5 pounds) on or within any owned or operated vehicle? (If yes, please complete supplemental TPL section at end of this application)	Yes	No					
Does your Auto Liability policy include CA 9948?	Yes	No					
Do you use third parties to transport materials on your behalf? (If Yes, please include your standard contract used with any third-party transporter.)	Yes	No					

3. Non-Owned Site Information

Is coverage for Non-Owned Disposal Sites (NODS) Non-Owned Location Sites (NOLS) being sought? (If yes, complete the following section.)			Yes	No
Limits	\$	Deductible	\$	Retroactive Date
For NODS coverage , please describe various waste streams generated at the insured locations(s)?				
If any waste is deemed “hazardous”, please provide details on utilized disposal facilities.				
NODs Location (Name, Address, City, State, Zip)		Description of waste disposed of at facility		Retroactive Date
For NOLS coverage , please describe the activities/storage/staging of materials and/or operations at this location(s)?				
If any materials or operations are deemed “hazardous”, please provide details on utilized non-owned facilities?				
NOLs Location (Name, Address, City, State, Zip)		Description of materials stored /ops at facility		Retroactive Date
Do you or have you ever disposed, stored, or utilized any materials or products that may have contained any PFASs at any NODS or NOLS? (If yes, please provide additional details.)			Yes	No

4. Contractors Pollution Liability

Is coverage for Contractors Pollution being sought? (If yes, complete the following section.)			Yes	No
Limits	\$	Deductible	\$	Retroactive Date
If yes, please provide a description of the contracting operations and the estimated annual revenues.				
Description of Operations		Annual Revenues	% Subcontracted (if any)	

Section 5: Claims

During the last five years, has the applicant had any reportable releases or spills of hazardous substances, hazardous wastes, or any other pollutants as defined by applicable environmental regulations? (If Yes, please provide details.)	Yes	No
[Empty space for details]		
During the last five years, has the applicant been prosecuted or is the applicant currently being prosecuted for contravention of any standard or law relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental regulations? (If Yes, please provide details.)	Yes	No
[Empty space for details]		
At the time of signing this application, is the applicant's manager or supervisor responsible for environmental affairs, control or compliance or any officer, director, or partner of the applicant aware of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against the applicant for environmental clean-up, or for bodily injury or property damage arising from the release of pollutants into the environment? (If Yes, please provide details.)	Yes	No
[Empty space for details]		

Section 6: Fraud Warning

It is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to the policy. If an order is received, the application is attached to the policy, so it is necessary that all questions be answered in detail. PLEASE READ THE APPROPRIATE STATE FRAUD NOTICES BELOW:

NOTICE TO APPLICANTS OF CANADA, AS WELL AS ALL U.S. JURISDICTIONS EXCEPT CALIFORNIA, COLORADO, DISTRICT OF COLUMBIA, FLORIDA, KANSAS, KENTUCKY, LOUISIANA, MAINE, MARYLAND, MINNESOTA, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, TENNESSEE, VERMONT, VIRGINIA AND WASHINGTON: ANY PERSON WHO KNOWINGLY, AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIAL FALSE INFORMATION OR CONCEALS FOR THE PURPOSES OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES AND DENIAL OF INSURANCE BENEFITS.

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 INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT 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 NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NOTICE TO KANSAS APPLICANTS: 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.

NOTICE TO KENTUCKY, OHIO AND PENNSYLVANIA 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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 AND WASHINGTON 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 MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: 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 MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

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 OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO TENNESSEE AND 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.

NOTICE TO VERMONT APPLICANTS: 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.

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.

Section 7: Warranty Statement

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

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. The applicant's acceptance of the insurer's Proposal and the insurer's written agreement to be bound are required to bind coverage and to issue a policy. It is agreed that this form shall be the basis of the contract should a policy be issued and will be attached to the policy and made a part thereof.

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

If an order to bind coverage is received, the application will be attached to the policy, so it is necessary that all questions be answered in detail.

The applicant understands and recognizes that this Policy is issued based upon the insurer's reliance on the accuracy of the information disclosed and the truth of the statements made herein and in the disclosure process.

The applicant further recognizes that any breach of the foregoing warranties could have a material adverse affect on the insurer.

The applicant further declares, warrants and represents that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

I hereby certify to the truth of the foregoing and that I am authorized to execute the foregoing warranty and representation on behalf of the applicant.

Applicant

Signature of Owner or Officer

Date

Print Name

Title

ABS TRANSPORTATION POLLUTION LIABILITY SUPPLEMENTAL APPLICATION

Complete the following table for Owned/Operated vehicles only:

Vehicle Type		# of Vehicles with de Minimis or No Materials Hauled	Number of Vehicles Used to Haul Hazardous/Petroleum or Non-Hazardous Material					
			Gas		Solid		Liquid	
			Haz/Petro	Non-Haz	Haz/Petro	Non-Haz	Haz/Petro	Non-Haz
Private Passenger								
Trucks	Light							
	Medium							
	Heavy							
	Extra Heavy							
Truck/Tractor	Heavy							
	Extra Heavy							
Tanker Truck								
Trailers	Service							
	Semi							
Railcar								
Watercraft	Small							
	Large							
Aircraft								

Please provide a % breakout (by total number of vehicles) on the manner which material is hauled:

Bulk:

Container: