

**New Business Application for
Environmental Impairment
Liability (EIL) Insurance**

Answer all questions, use separate sheets if necessary.

NOTE: There are three sections to this application (1 - 9), (A - Q), and (1 - 20)

1. Applicant/Parent Company: _____	Date Needed: _____
Applicant/Parent Company Address: _____	Effective Date: _____
State: _____ Phone: _____ Zip: _____ Web Address: _____	

2. Requested Coverages:	<u>Proposed Limits/Retention</u>
<input type="checkbox"/> Onsite Cleanup/3 rd Party Liability <input type="checkbox"/> Onsite Cleanup Only	Occurrence: _____
<input type="checkbox"/> 3 rd Party Liability Only <input type="checkbox"/> Other	Aggregate: _____
<input type="checkbox"/> GL/3 rd Party Liability	Deductible/SIR: _____
Retroactive Date: _____	Term (10-year max.): _____

3. Type of facility: _____
Please provide a brief description of why Environmental Liability coverage is needed: _____ _____

4. List all locations to be covered: Total Number of Facilities: _____

Loc#	<u>Facility Name, Address, State & Zip Code</u>
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____

(List additional locations on separate page if necessary)

5. Financial Information
Gross Receipts for Corporation/Company: _____

- 6. Attach a copy of the Applicant's most recent financial statement (balance sheet and income statement), or 10K. Attach pro forma statement if applicable.
- 7. Attach copies of recent or applicable environmental reports for each site, including but not limited to: Phase I or II assessments, corrective action plans, remediation work plans, or closure plans.
- 8. If any remedial activities have occurred at any of the proposed covered locations, attach EPA or State closure letters, no further action letters, or provide a detailed description of the steps being taken to attain closure and a schedule for attaining closure
- 9. Attach any complaint, suit, or correspondence related to any public complaints regarding any emission, discharge, or escape of any pollutant from any of the proposed covered locations to the local community.

FRAUD WARNINGS

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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.

NOTICE TO CALIFORNIA APPLICANTS: In some states, 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.

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 HAWAII APPLICANTS: "For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

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 denial of insurance benefits."

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 NEW YORK APPLICANTS: “Any person who knowingly and with intent to defraud an 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 \$5,000 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/she 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 a 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 a 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 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 TEXAS APPLICANTS: In some states, 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.

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.

"Should the signatory become aware of any change or omission relative to the information provided herein subsequent to the completion of this application and precedent to the effecting of insurance, the undersigned promissorily warrants that he will submit to Freberg Environmental, Inc. supplementary advice specifying such change or omission. Notwithstanding the immediate foregoing, however, the signatory further promissorily warrants that he will inform Freberg Environmental, Inc. of any change or omission with respect to the answers given in this application at any time subsequent to the completion thereof, provided insurance has been effected. It is agreed that the duty imposed upon the signatory by virtue of the foregoing promissory warranties, shall be nondelegable. It is further agreed that this application shall be the basis of any insurance as may be subsequently effected by Freberg Environmental, Inc. and that Freberg Environmental, Inc. will rely upon the veracity of all responses thereto in causing such insurance to be effected. It is further understood and agreed that all representations and warranties made to Freberg Environmental, Inc. also are made to the issuing carrier."

It is finally agreed that the completion of this application neither obligates the Applicant to purchase insurance nor binds Freberg Environmental, Inc. or the issuing carrier to effect insurance.

Applicant's Signature: _____ Title: _____

Date: _____

TO BE COMPLETED BY INSURANCE AGENT:

Agent's Name: _____

Address: _____

Phone: _____ Fax: _____

Do you hold a surplus lines license: Yes No

License No: _____

Exp. Date: _____

IMPORTANT!

Please answer Questions **A** through **Q** below for each facility that is proposed to be covered under this application. Make copies of the blank application for Questions **A** through **Q** so that information from each facility is included in the application.

IMPORTANT! Please Copy the Following Pages (Section A - Q) and Complete this Section for **Each Location** to be Scheduled/Covered

A. Facility Specific Information:

Name or Location Number:

Age of Facility:

Has this location ever had any unregulated emission, discharge, release or escape of pollutants or other substances?

Yes

No

Is the Applicant aware of any pre-existing condition at this location that might lead to a claim under the policy if it were to be issued?

Yes

No

B. Describe Current Operations/Manufacturing Processes:

C. Describe Historical Site Operations: (environmental reports for the facility, Phase I or II, remediation plans)

D. Permits (Check all that Apply) For each that apply, please attach a list of relevant permit ID numbers

- | | |
|---|---|
| <input type="checkbox"/> RCRA Part B Permit or State Equivalent | <input type="checkbox"/> EPCRA Section 302 TPQ |
| <input type="checkbox"/> NPDES or State Equivalent | <input type="checkbox"/> PCB Annual Reports |
| <input type="checkbox"/> NPDES Storm Water Permit or State Equivalent | <input type="checkbox"/> Small Quantity Generator |
| <input type="checkbox"/> Air Permit (any type, federal, state or local) | <input type="checkbox"/> Large Quantity Generator |
| <input type="checkbox"/> UST or AST Registrations | <input type="checkbox"/> Asbestos-Related Permits |
| <input type="checkbox"/> CAA 112(r) | <input type="checkbox"/> Onsite Disposal Permits |
| <input type="checkbox"/> SARA Title III | <input type="checkbox"/> Pesticide/Herbicide |
| | <input type="checkbox"/> OTHER: |

E. Regulatory Compliance

- a) Is the Applicant/Facility currently in compliance with all applicable environmental regulations? Yes No
 If no, attach a description detailing the measures being taken to comply.
- b) Has the Applicant/Facility ever been cited for any environmental or permit violation? Yes No
 If yes, attach a description detailing the violation, the steps taken to come into compliance, and the final outcome of the violation
- c) Does the Facility conduct regular environmental compliance audits? Yes No

Chemical Use, Treatment, Storage, and Disposal Information

(Location Name)

F. Raw and Process Chemicals	QUANTITIES		STORAGE METHODS (Check all that Apply)			
	Total per Year	At Any One Time	Drum	AST	UST	Other
Chemical Name						

Attach Separate List if additional space is needed.

I. Offsite Disposal? N/A

Waste Type (RCRA #)	Quantity/Year	Treatment Method	Disposal Method	Disposal Facility	Date Disposal Started

Attach list of additional waste materials, if necessary.

Chemical Use, Treatment, Storage, and Disposal Information

(Location Name)

J. Onsite Disposal? N/A

<input type="checkbox"/> Active Landfill Total acreage: _____ Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Lined: <input type="checkbox"/> Yes <input type="checkbox"/> No Leachate Collection: <input type="checkbox"/> Yes <input type="checkbox"/> No Monitoring Wells: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Wells: _____ Age of Facility: _____ Wastes(list): _____	<input type="checkbox"/> Closed Landfill Total acreage: _____ Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Lined: <input type="checkbox"/> Yes <input type="checkbox"/> No Leachate Collection: <input type="checkbox"/> Yes <input type="checkbox"/> No Monitoring Wells: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number of Wells: _____ Age of Facility: _____ Wastes(list): _____	<input type="checkbox"/> Injection Well Years in Operation: _____ Number of Wells: _____ Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Lined: <input type="checkbox"/> Yes <input type="checkbox"/> No Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Wastes(list): _____
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Chemical Use, Treatment, Storage, and Disposal Information

(Location Name)

K. Air Emissions? N/A

Source	Quantity/ Year	Pollutant	Treatment Method	Permit Emission Limits	Years Source in Operation

Attach a list of additional sources, if necessary

L. Aboveground Storage Tanks? N/A

Identification	Age	Capacity (US Gallons or BBL)	Construction Material	Date of Last Inspection	Type of Containment

Attach list of additional ASTs if necessary.

M. Underground Storage Tanks? N/A

Tank ID	Age	Capacity	Tank Construction Material	Leak Detection Method	Piping Construction Material	Registered with State?

All tanks greater than 10 years old MUST have current tightness tests.

Attach list of additional USTs if necessary.

Chemical Use, Treatment, Storage, and Disposal Information

(Location Name)

N. Has the location/facility, 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

If yes, provide details:

O. Has the location/facility ever been sued or requested to pay any damages or to perform any cleanup activities with respect to any actual alleged pollution incident either on the facility grounds or to an offsite party or location?

Yes No

If yes, provide details:

P. List all environmental losses paid or incurred over the past three years.

<u>Date</u>	<u>Amount</u>	<u>Description of Loss</u>

Q. Physical Setting

Distance to Residential Areas (miles) _____	Distance to Nearest Surface Water (miles) _____
Direction to Residential Areas (N,S,E,W) _____	Depth to Groundwater (feet) _____
Dist. to Nearest Drinking Water Well (miles) _____	Number of Groundwater Wells at Facility _____
Prevailing Wind Direction (N,S,E,W) _____	Predominant Soil Type (clay, sand, etc.) _____

Please provide a brief description of adjacent properties:

North: _____

South: _____

East: _____

West: _____

Attach a detailed map of the facility, including the direction and location to any surface waters.

END OF FACILITY SPECIFIC INFORMATION SECTION

**GL Products
Supplemental Application**

1. Anticipated business activity for the next 12 months:

Description of Operations

Sales

Product manufacturing to own specs	_____
Product manufacturing to customer specs	_____
Product manufactured by 3 rd parties	_____
Chemical mixing or blending	_____
Product distribution – no mixing, blending, or repackaging	_____
Product distribution with re-labeling or repackaging	_____
Brokerage/drop shipping (no physical possession)	_____
Waste treatment, storage, or disposal facilities (describe)	_____
Other (describe)	_____
_____	_____

2. List your 4 main products or products categories

Product/Product Categories

% of Sales

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

3. Who are your 3 largest customers (or industries served)?

1. _____
2. _____
3. _____

4. To which market is your product distributed?

Industrial: % | Contractor: % | Retail: %

5. Is there written quality control program for:

Incoming raw materials ___ Yes ___ No
 Work in progress ___ Yes ___ No
 Finished product ___ Yes ___ No

6. Are labels, instructions, operating manuals, warranties, or advertisements periodically reviewed by legal counsel?

Yes or No. If 'yes' please explain

7. Have any products been discontinued, significantly modified, recalled, or retrofitted? Yes or No

If 'yes' please explain

8. Do you enter into hold harmless or indemnity agreements with respects to your business operations? Yes or No

If 'yes' please explain

9. Do you have a formal certificate of insurance program for your suppliers? Yes or No

If 'yes' please explain

10. Do you require additional insured status from your suppliers? Yes or No

11. Do you import products or component parts? Yes or No

If 'yes' please explain

12. Do you export products? Yes or No	
If 'yes' please complete the following:	
Country	Annual Revenue

13. Do you test incoming raw materials/component parts and outgoing products? Yes or No
If 'yes' please explain

14. Do you perform the installation and maintenance of your product(s)? Yes or No
If 'yes' please explain

15. Do you arrange for subcontractors to install, service, or repair your products? Yes or No
If 'yes' are certificates of insurance required showing at least \$1,000,000 in limits? Yes or No
If 'no', what is the minimum required?

16. Do you perform any other operations away from the premises you own or occupy? Yes or No
If 'yes' please explain

17. Are you certified by ISO or any other industrial organization? Yes or No
If 'yes', state which certifications

18. How long are records retained for the following?

Batch samples:		Quality Control Reports:	
Shipments:		Complaints:	

19. Do you belong to any trade or professional associations? Yes or No

If 'yes' please state which:

20. Is there a formal, written customer complaint handling program in place? Yes or No

If 'yes' please explain:
