

Answer all questions, use separate sheets if necessary.

**NOTE: There are two sections to this application (1 - 4) and (A - B)**

1. Applicant Name/Parent Company: _____			
Applicant/Parent Company's Business Address: _____ _____			
City: _____	State: _____	Zip: _____	Web Address: _____

<b>2. Insurance Coverages:</b> Has there been any prior pollution coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Carrier: _____ Retroactive Date: _____  Have any environmental losses been paid/incurred or have any environmental claims been made over the past three years? If yes please provide details. (Attach additional pages if necessary)  <input type="checkbox"/> Yes <input type="checkbox"/> No    _____ _____ _____	<b>Requested Limits / Retention / Policy Term</b> Limits: <input type="checkbox"/> \$500,000 / \$500,000 <input type="checkbox"/> \$500,000 / \$1,000,000 <input type="checkbox"/> \$1,000,000 / \$1,000,000 <input type="checkbox"/> \$1,000,000 / \$2,000,000 Retention: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 Policy Term: <input type="checkbox"/> 1-yr. <input type="checkbox"/> 2-yr. <input type="checkbox"/> 3-yr.
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3. Type of Operation: _____	Generally describe the applicant's principal operations:  _____
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4. List all locations to be covered: _____		Number of service bays
Loc#	Facility Name, Street Address, State, Zip Code and Facility Type (check all that apply)	
1.	<input type="checkbox"/> Auto Sales <input type="checkbox"/> Auto Lube <input type="checkbox"/> Auto Repair <input type="checkbox"/> Tire Sales/Svc. <input type="checkbox"/> Body Repair/Paint <input type="checkbox"/> Other:	
2.	<input type="checkbox"/> Auto Sales <input type="checkbox"/> Auto Lube <input type="checkbox"/> Auto Repair <input type="checkbox"/> Tire Sales/Svc. <input type="checkbox"/> Body Repair/Paint <input type="checkbox"/> Other:	
3.	<input type="checkbox"/> Auto Sales <input type="checkbox"/> Auto Lube <input type="checkbox"/> Auto Repair <input type="checkbox"/> Tire Sales/Svc. <input type="checkbox"/> Body Repair/Paint <input type="checkbox"/> Other:	
4.	<input type="checkbox"/> Auto Sales <input type="checkbox"/> Auto Lube <input type="checkbox"/> Auto Repair <input type="checkbox"/> Tire Sales/Svc. <input type="checkbox"/> Body Repair/Paint <input type="checkbox"/> Other:	
5.	<input type="checkbox"/> Auto Sales <input type="checkbox"/> Auto Lube <input type="checkbox"/> Auto Repair <input type="checkbox"/> Tire Sales/Svc. <input type="checkbox"/> Body Repair/Paint <input type="checkbox"/> Other:	
6.	<input type="checkbox"/> Auto Sales <input type="checkbox"/> Auto Lube <input type="checkbox"/> Auto Repair <input type="checkbox"/> Tire Sales/Svc. <input type="checkbox"/> Body Repair/Paint <input type="checkbox"/> Other:	
7.	<input type="checkbox"/> Auto Sales <input type="checkbox"/> Auto Lube <input type="checkbox"/> Auto Repair <input type="checkbox"/> Tire Sales/Svc. <input type="checkbox"/> Body Repair/Paint <input type="checkbox"/> Other:	
<b>Total number of service bays:</b>		

## 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.

\_\_\_\_\_  
Signed 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 B below for each facility that is proposed to be covered under this application. Make copies of the blank application for Questions A through B so that information from each facility is included in the application. Please initial each page.

**IMPORTANT!** Please copy the following pages (Section A - B) and complete this section for **each location** listed in Question 4 to be scheduled/covered

<b>A. Site History/Compliance History</b>	Do you own or lease this site? <input type="checkbox"/> Own <input type="checkbox"/> Lease	How long has the facility been used for this purpose? _____
Name or Location Number: _____		
1.) Has this location ever had any unregulated emission, discharge, release or escape of pollutants or other substances? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
2.) 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? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
3.) Is the applicant/facility out of compliance with all applicable environmental regulations? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
4.) Has the applicant/facility every been cited for any environmental or permit violation? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
5.) Is the applicant aware of any environmental assessments, surveys or reports; remedial activities; or complaints or suits pertaining to this location? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
6.) Has the applicant received notice of any pollution claim/demand related to wastes allegedly disposed at any non-owned disposal site? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
If the answers to any of the above questions is yes please attach copies of environmental reports and documentation of releases, pre-existing conditions, complaints or suits, or areas of non-compliance and the steps taken to remediate or achieve		
7.) Have there ever been <u>in-ground</u> vehicle lifts at this facility? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, are they still in use? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>		
8.) Are any <u>underground</u> storage tanks intended to be removed, replaced, upgraded, or taken out of service? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

<b>B. Storage Tanks (greater than 110-gal capacity)</b> <input type="checkbox"/> N/A					Tank Construction		Type of 2ndary Containment (ASTs only)
Tank No./ Tank ID.	AST/UST (circle one)	Year Installed	Capacity (US Gal.)	Contents	Walls (circle one)	Tank Material*	
1.	AST/UST				single/ double		
2.	AST/UST				single/ double		
3.	AST/UST				single/ double		
4.	AST/UST				single/ double		
5.	AST/UST				single/ double		
6.	AST/UST				single/ double		
7.	AST/UST				single/ double		
8.	AST/UST				single/ double		
9.	AST/UST				single/ double		
10.	AST/UST				single/ double		
* Underground Storage Tank (UST) tank materials include: FRP = fiberglass or fiberglass reinforced plastic; CPS = cathodically protected steel (includes impressed current); FCS = fiberglass clad/lined steel; STI-P3 = Steel Tank Institute (3x protection); or "Other" (please identify)							
Above-ground Storage Tank (AST) tank materials include: Steel; Poly; FRP (fiberglass); Concrete/Steel; or "Other" (please identify)							