



*Please visit www.allrisks.com/submit-a-risk or contact your current All Risks, Ltd. producer to submit applications.

Site Specific Environmental Liability Application

Today's Date: _____

Insured Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Name of inspection contact: _____ Title: _____
 Telephone: _____ Email: _____
 Insured's Principal Business Operations: _____

Entity Type: Partnership Trust Individual Joint Venture LLC/LLP
 Other (please explain): _____

Year business started operations: _____ EPA Identification Number (If applicable): _____

COVERAGE REQUESTED

Proposed Effective Date: _____ Retroactive Date (if prior environmental coverage exists): _____
 Desired Deductible: \$2,500 \$5,000 \$10,000 Other: _____
 Desired Limits of Liability: \$1 mil/\$1 mil \$1 mil/\$2 mil \$2 mil/\$2 mil Other: _____

CURRENT OR PRIOR ENVIRONMENTAL INSURANCE

Please check here if this section does not apply

Insurance Company	Policy Period	Retroactive Date	Limits of Liability	Deductible/SIR	Premium
				\$	\$
				\$	\$
				\$	\$

GENERAL PREMISES INFORMATION

Please list locations for which this application applies. (Please add separate sheet if necessary)

Location Address	Current Operations Performed	Property Size	Lease or Own	How many years have you occupied this location?

Please describe the adjacent land use for each location. (Please add separate sheet if necessary)

Location	North	East	South	West

If additional space is need to answer a question in the section below, please attach additional sheets and reference the question number.

1. For the locations listed above, please list any other companies which operate out of or lease space at those locations and please indicate their operations: Please check here if this section does not apply

2. Are you aware of any trash, debris or waste materials that have been disposed of in a pit, landfill, pond or other area at any location for which coverage is being requested? Yes No
If yes please explain: _____
3. Is public water and sewer used at all of the locations? Yes No
If no, please provide details of what is used in its place: _____
4. Are all floor drains, sanitary systems and other sources of liquid waste or discharges properly connected to either a sanitary sewer, publicly owned treatment works, pre-treatment, septic or other waste collection or treatment system? Yes No
5. Are there any drinking water wells or water supply wells located at any of the locations? Yes No
6. Are there any surface water bodies (i.e. lakes, rivers, ponds, wetlands) at any location? Yes No
If yes, please describe: _____
7. Are there any known existing pollution conditions at any of the locations? Yes No
If yes, please describe: _____
8. Has there been or is there currently any remediation, monitoring, or cleanup associated with any past or present leak, spill, release or pollution incident at any of the locations for which coverage is desired? Yes No
If yes please explain: _____
9. Are there any groundwater monitoring wells at any of the locations? Yes No
If yes, please explain: _____
10. Are there any pipelines or gas/oil wells at any of the locations? Yes No
If yes, please explain: _____

GENERAL OPERATIONS INFORMATION

Do you have an emergency response and/or a spill plan? Yes No

Do you generate hazardous waste? Yes No
If yes, please indicate quantity: Conditionally Exempt Small Quantity Small Quantity Large Quantity

Do you have a person whose responsibility is environmental management and/or compliance? Yes No
If yes, please provide contact name and phone number: _____

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	Disposal Method

Are there any air emissions at any of the locations which require a permit? Yes No
If yes, please complete the table below.

Type of Air Emission	Volume Per Year	Treatment/Collection Method

Are there any Effluent Wastewater Discharges at any of the locations which require a permit?

Yes No

If yes, please complete the table below.

Permit ID Number	Permitted Volume	Discharge Point

Are there any Raw Materials/Finished Goods storage at any of the locations?

Yes No

If yes, please indicate type, quantities and method of storage in the table below.

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

UNDERGROUND AND ABOVE GROUND STORAGE TANKS

Please check here if this section does not apply

Tank # AST or UST	Capacity (Gallons)	Age (Years)	Contents

Are you aware of any tanks that have been removed or closed in place at any location for which coverage is being requested?

Yes No

CLAIMS/COMPLIANCE HISTORY

- At the time of signing this application, are you aware of any past or present contamination, environmental issues, 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? Yes No
If yes, please give details: _____
- Have you ever had reportable releases or spills of hazardous substances, wastes or any other pollutants, as defined by applicable environmental laws and/or federal, state or local regulations? Yes No
If yes, please give details: _____
- Have you ever been cited or prosecuted for any violation of any applicable environmental law and/or federal, state or local regulation arising from the release, spill or storage of hazardous substances, hazardous waste or any other pollutants? Yes No
If yes, please give details: _____
- Have you ever had any pollution claims for bodily injury, property damage or cleanup costs? Yes No
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 which you cannot presently comply with? Yes No
If yes please give details: _____
- Have any prior environmental studies, reports, or audits been prepared for the locations in which coverage is being requested? Yes No
If yes please give details: _____

FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT, or WA; in LA, ME, TN, and VA, insurance benefits may also be denied.)

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IN THE DISTRICT OF COLUMBIA, 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

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's Signature: _____

Applicant's Name (please print): _____

Date Signed by Applicant: _____

Agent's Signature: _____

Agent's Name (please print): _____

How many years have you occupied this location: _____ years