

ENVIRONMENTAL INSURANCE

SITE SPECIFIC ENVIRONMENTAL LIABILITY APPLICATION

NEW BUSINESS APPLICATION

- Please print or type clearly.
- All questions must be answered. Please contact your agent if assistance is required.
- 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 or Partner of the Insured.

If additional space is needed to answer the question, attach details on a separate sheet using the Insured's letterhead.

This application is not an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason.

1. APPLICANT INFORMATION

Today's date:

Insured Name as to be shown on the policy:

Insured's street address (please do not provide only a P.O. Box):

City:

State:

Zip Code:

Name of inspection contact:

Title:

Telephone:

Email:

Insured's Principal Business Operations:

Entity Type: Partnership Trust Individual Joint Venture LLC/LLP Other:

Year business started operations:

EPA Identification Number (if any):

2. 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: _____

3. 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
				\$	\$
				\$	\$
				\$	\$

4. 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?
A.				
B.				
C.				
D.				
E.				

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

Location	North	East	South	West
A.				
B.				
C.				
D.				
E.				

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

- 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 question does not apply.
- 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? If "Yes," please describe. Yes No
- Is public water and sewer used at all of the locations? If "No," please provide details of what is used in its place. Yes No
- 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
- 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? If "Yes," please describe. Yes No
- Are there any known existing pollution conditions at any of the locations? If "Yes," please provide details. Yes No
- 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? If "Yes," please provide details. Yes No
- Are there any groundwater monitoring wells at any of the locations? If "Yes," please explain. Yes No
- Are there any pipelines or gas/oil wells at any of the locations? If "Yes," please explain. Yes No

5. 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

6. 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
 If "Yes," please describe.

7. CLAIMS/COMPLIANCE HISTORY If additional space is needed to answer a question in the section below, please attach additional sheets and reference the question number.

- 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? If "Yes," please give details. Yes No
- Have you ever had any 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? If "Yes," please give details. Yes No

3. 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? If "Yes," please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever had any pollution claims for bodily injury, property damage or cleanup costs? If "Yes," please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. 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? If "Yes," please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have any prior environmental studies, reports, or audits been prepared for the locations in which coverage is being requested? If "Yes," please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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) _____

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How many years have you occupied this location?