



SITE SPECIFIC ENVIRONMENTAL LIABILITY APPLICATION

Named Insured: _____
 Contact Person for Inspection and Telephone Number: _____
 Mailing Address: _____
 Year Business Started: _____
 Website: _____
 EPA Identification Number/Facility Registration Number (if Applicable): _____
 Insured's Principal Business Operations: _____

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

INSTRUCTIONS

- 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.
- Application Must be Signed and Dated by an Authorized Owner, Principal, Partner, Director or Risk Manager of the Insured.
- If Additional Space is Needed, Please Attach Details on a Separate Sheet Using the Insured's Letterhead.
- For Underground Storage Tanks, a Copy of Your State Tank Permit and Most Recent State Inspection is Required.

This Application is Not an Insurance Policy and the Insurance Company Affording Coverage Reserves the Right to Reject Any Application for Any Reason.

COVERAGE SPECIFICATIONS

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 the 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.

Location Address	Current Operations Performed	Property Size	Lease or Own	Years Occupied
1.				
2.				
3.				
4.				
5.				

Please Add Separate Sheet if Necessary.

Please Describe the Adjacent Land Use for Each Location

	North	South	East	West
1.				
2.				
3.				
4.				
5.				

For the Locations Listed Above:

List Any Other Companies Which Operate Out of or Lease Space at Those Locations and Indicate Their Operations: (N/A)

Has Any Trash, Debris or Waste Materials Been Disposed of in a Pit, Landfill, Pond or Other Area? Yes No

If Yes, Please Describe: _____

Is Public Water and Sewer Used at All Locations? Yes No

If No, Provide Details of What is Used in its Place: _____

Are All Floors, 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 Treatment System? Yes No

Are There Any Drinking Water Wells or Water Supply Wells? Yes No

Are There Any Surface Water Bodies (i.e. Lakes, Rivers, Ponds, Wetlands)? Yes No

If Yes, Please Describe: _____

Are There Existing Pollution Conditions? Yes No

If Yes, Please Provide Details: _____

Has There Been or is There Currently Any Remediation, Monitoring or Cleanup Associated With Any Past or Present Leak, Spill, Release or Pollution Incident? Yes No

If Yes, Please Provide Details: _____

Any Underground Monitoring Wells? Yes No

If Yes, Please Explain: _____

Any Pipelines or Gas/Oil Wells? Yes No

If Yes, Please Explain: _____

If Additional Space is Needed to Answer the Questions Above, Please Attach Additional Sheets and Reference the Question.

GENERAL OPERATIONS INFORMATION

Do You Have an Emergency Response and/or Spill Plan? Yes No

Do You Generate Hazardous Waste? Yes No

If Yes, Indicate Quantity: Conditionally Exempt Small Quantity Small Quantity Large Quantity

Do You Have a Person Responsible for 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 Material? Yes No

If Yes, Please Explain the Waste Generation Table Below

Description of Waste	Estimated Amount Per Year	Estimated At Any One 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 Emissions	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 Complete the Table Below

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

UNDERGROUND AND ABOVE GROUND STORAGE TANKS (Please Check Here if the Section Does Not Apply.)

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

Have Any Tanks Been Removed or Closed in Place at Any Location for Which Coverage is being Requested? Yes No

If Yes, Please Describe: _____

CLAIMS/COMPLIANCE HISTORY

If Additional Space is Needed to Answer the Questions Below, Please Attach Additional Sheets and Reference the Question.

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 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? Yes No

If Yes, Please Give Details: _____

Have You Ever been Sited or Prosecuted for Any Violation of Any Applicable Environmental Law and/or Federal, State or Local Regulation from the Release, Spill or Storage of Hazardous Substances, Hazardous Waste or 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 Statutes, 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: _____

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage terms and conditions offered by ISR may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede Any request or representations made prior to insurance.

Any persons who knowingly and with intent to defraud Any insurance compAny or other person files an application for insurance containing Any false information, or conceals for the purpose of misleading information concerning Any fact material thereto, commits a fraudulent insurance act, which is a crime.

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

Applicant's Signature: _____ Date: _____

Print Name: _____ Title: _____



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