SITE POLLUTION LIABILITY TOOLKIT II APPLICATION

INSTRUCTIONS

Answer all questions completely. If a question does not apply, state N/A in the space provided. Please provide supporting information separately and reference the applicable question. This application must be completed, dated and signed by a principle of your company.

REQUIRED ATTACHMENTS

☐ Applicant(s) last five (5) years of pollution loss history (or all available years if less than 5)

☐ Applicant(s) last five (5) years of general liability, auto and property loss history

SECTION 1 - APPLICANT INFORMATION

1. **Applicant Name:** _____

   Address: _____

   City:_____ **State:**_____ **Zip Code:**_____

   Website:_____

2. **Other Insureds:**

   Please list any other related entities for which coverage is requested:

Name of Company	Relation to Applicant	Named Insured	Additional Insured
		☐	☐
		☐	☐
		☐	☐
		☐	☐

3. **Requested Coverage:**

Desired Effective Date:		**Each Incident Limit:**		**Incumbent Carrier (if any):**	
Desired Policy Term (Yrs):		**Aggregate Limit:**		**Deductible/SIR:**	

SECTION 2- INSURED SITE(S)

Please submit a current Statement of Values OR complete the table below for each location in which coverage is to be provided. If additional space is needed, please attach a table with the same information below.

Insured Site Address	Property Owner	Brief Description of Location and Business Operations	Year First Developed	Property Size	Daily Business Income

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If the answer to any question below is yes, please provide supporting information. For any claims, provide information as to what actions have been taken by the applicant to mitigate or avoid a similar loss in the future. Supplemental applications are available at the end of this Application to document information.

SECTION 3 – ENVIRONMENTAL EXPOSURES

1. Do you have any Environmental Site reports for the properties? ☐YES ☐NO
   (Reports may include Phase I/II, Environmental Audits, Regulatory Correspondence, Indoor air quality/mold studies, Property Inspections, etc.). **If yes, please provide copy of reports.**
2. Are there any plans for future development, improvement, demolition, change in use or operations within the policy term? **If yes, provide details.** ☐YES ☐NO
3. Are there any plans to sell, divest, or sublease any properties within the Policy term? **If yes, provide details.** ☐YES ☐NO
4. Do you own or operate any storage tank systems? **If yes, please complete supplemental.** ☐YES ☐NO
5. Do you transport or generate any hazardous materials? **Is yes, please complete supplemental.** ☐YES ☐NO

SECTION 4 – WARRANTY STATEMENTS

6. Have you ever or do you now use or sell, whether as a final product or as raw/component material, any
   a. Perfluoroalkyl and/or polyfluoralkyl substances (PFAs) ☐YES ☐NO
   b. Perfluorooctanoic Acid (PFOAs); ☐YES ☐NO
   c. Aqueous Film-Forming Foam (AFFF) or any form of fire suppression foam ☐YES ☐NO
7. Do any of the properties have any visible areas of mold growth currently or within the past 5 yrs? ☐YES ☐NO
8. Have you had a first party business interruption loss in the last 5 yrs? ☐YES ☐NO
9. Has the Applicant or any other named insured party to this insurance ever had a claim or loss for a pollution event (including any indoor air quality, mold, or legionella) over $25,000? ☐YES ☐NO
10. Within the past 5 years has the Applicant or any other named insured party to this insurance had
    a. any pollution releases or spills, ☐YES ☐NO
    b. any indoor air quality/mold issues/Legionella: or ☐YES ☐NO
    c. any claims been made or legal actions (including regulatory actions) for the release or threatened release of a hazardous substance? ☐YES ☐NO
11. Has any insurance company denied, canceled or non-renewed pollution liability coverage? ☐YES ☐NO
12. At the time of signing this application, is the applicant(s) aware of any circumstances or situations that may be expected to give rise to a claim against any applicant(s) or otherwise generate a request for coverage under this Policy? ☐YES ☐NO

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The person signing the application is authorized to make the above representations on behalf of the applicant, and a representation that the information is accurate. Signing this application does not bind coverage. The applicant's acceptance of the company's quotation is required before insurance coverage is bound and a policy issued. The application must be signed and dated by an owner, partner or officer of the applicant firm.

Applicant's Statement: I, being duly authorized, have read the above application and declare that to the best of my knowledge that all of the foregoing statements in this application and the information included in all applications, supplements, attachments, supporting information and replies to underwriter inquiries are true, accurate and complete and that no material facts have been suppressed, omitted or misstated. The undersigned further agrees that the applicant has a continuing duty, through date of policy inception, to update this application, including all supplements, attachments and replies to underwriter inquiries.

APPLICANT: _____ TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT/BROKER NAME: _____

SUPPLEMENTAL APPLICATIONS

Supplemental Application Type	Purpose of the Application	Supplemental Application
Site Specific Questionnaire	Use to document additional details about a specific site.	Click Here
Mold/Microbial Matter and Legionella Supplemental Application	Use to document additional details about specific sites with historical issues or lack of property condition assessment reports.	Click Here
Storage Tanks Supplemental	Use for documenting aboveground and underground storage tanks.	Click Here
Transportation and Waste Disposal Supplemental	Use for insureds transporting or generating hazardous materials.	Click Here

FRAUD WARNING STATEMENTS

ALABAMA FRAUD WARNING: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA FRAUD WARNING: 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.

COLORADO FRAUD WARNING: 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 POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA FRAUD 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.

FLORIDA FRAUD WARNING: 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.

KENTUCKY FRAUD WARNING: 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.

MAINE, TENNESSE, VIRGINIA, AND WASHINGTON FRAUD WARNING: 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 A DENIAL OF INSURANCE BENEFITS.

MARYLAND FRAUD WARNING: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MINNESOTA FRAUD WARNING: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NEW JERSEY A FRAUD WARNING: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO FRAUD WARNING: 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.

NEW YORK FRAUD WARNING: 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 MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO FRAUD WARNING: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

OKLAHOMA FRAUD WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAYBE VIOLATING STATE LAW.

PENNSYLVANIA FRAUD WARNING: 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 CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

VERMONT FRAUD WARNING: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.