



ENVIRONMENTAL APPLICATION

SITE SPECIFIC POLLUTION LIABILITY

PROPERTY DESCRIPTION

NAME OF APPLICANT:		DATE:			
MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:	
TELEPHONE:			WEB ADDRESS:		
Company is an:	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LLC	<input type="checkbox"/> OTHER

SECTION II: COVERAGE REQUESTED

Proposed Effective Date:	Limits Requested (Occurrence/ Aggregate) /	Deductible Requested:
Retro (if any):	Date Established?	New Venture? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION III: CURRENT/PRIOR LIABILITY CARRIER INFORMATION

COVERAGES	CARRIER	LIMITS	DEDUCTIBLE	RETRO	PREMIUM
<input type="checkbox"/> General Liability					
<input type="checkbox"/> Site Pollution					

SECTION IV: PROPERTY INFORMATION Additional space for locations located on page 3

Property	Location (Address)	Description	Acreage	Length of Operations (Years)
1				
2				
3				
4				

A. Describe current operations for each location:

B. List all structures on the property:

C. Are there any other occupants for a property listed above? Yes No
If Yes, please describe relationship:

D. Please provide Site History past land use and the time period of each operation:

E. Is your site fenced and locked to prevent trespassing while closed? Yes No

F. Is the entrance controlled while the open for business? Yes No

G. Do you allow the general public direct access to your site? Yes No

H. Is there any burning of Rubbish or other Materials allowed at the site? Yes No

Roush Insurance Services, Inc.

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Section V: Surrounding Areas

A. Please provide a description of adjacent properties:

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

B. Identify all nearby bodies of surface water and approximate distance:

C. Are there any sensitive environments within 1 mile of the site (Schools, Parks, Etc)?

D. Identify all nearby water wells and approximate distance:

SECTION VI: Above/ Underground Storage Tanks

Check Here if this section does not apply N/A

1. Does this site have any Above Ground Storage Tanks? Yes No

If Yes. Please complete the following:

	Tank 1	Tank 2	Tank 3	Tank 4
Installation Date				
Tank Construction Material				
Capacity				
Material stored				
Most Recent Tightness Test				
Tank Protection				
Tank Leak Detection				
Number of Monitoring Wells (Site)				

2. Does this site have any Underground Storage Tanks? Yes No

3. Is all above ground piping protected from accidental Mobile Equipment contact damage? Yes No N/A

4. Are all tanks compliant with all API Guidelines?

5. Please describe your storm water drainage procedures?

SECTION VII: Recycling

Check Here if this section does not apply N/A

1. Does this Site Treat, Process, Separate or Recycle any of the following? Yes No N/A

If Yes, please show percentage of each type of waste handled

Aluminum		Fluorescent Lights		Oil/ Oil Filters	
Appliances		Glass		Paper	
Cardboard		Household Garbage		Plastic	
Commercial Solid Waste		Household Hazardous Waste		Other (Specify)	

2. Do the building(s) have a fire alarm & suppression system: Yes No

3. Describe the On Site Containment/ Storage for hazmat:

4. Are there any On Site Disposal Methods Used: Yes No

SECTION VIII: Landfill

Check Here if this section does not apply N/A1. Do you have a landfill on site? Yes No N/A If Yes please complete the following.

Acreage		Active Landfill		Vacant Land	
Total Acres		Closed Landfill		Dumpsters	

2. Describe the type of waste collected:

Construction Debris: Yes NoGreen Waste: Yes No

Other (Please specify):

3. Is the Landfill Lined? Yes No

Type of Liner?

Material?

Thickness?

4. How many Active Groundwater Monitoring Wells are in Place?

5. Do you have a leachate collection system in place? Yes No6. Any Hazardous or Medical Waste Accepted? Yes No

SECTION IX: Additional Property Information

1. Have any of the locations listed above had any prior environmental studies, reports, or audits performed?

 Yes No If yes, please attach copies.

2. Are there any plans to alter the future use, including potential change in operations, for any location?

 Yes No If yes, please specify3. Do you have any plans to sell or sublease any of the locations listed? Yes No4. Are any of the properties located within a flood plain? Yes NoIf yes, are the properties located in an area defined as a Special Flood Hazard Area? Yes No5. Does any site listed above generate, handle, store, or dispose of any hazardous material? Yes No

If Yes, please complete the following:

A. Type of Hazardous material?

B. Quantity of Hazardous Material?

C. Describe the On Site Storage Practices and storage areas?

D. Describe the Building(s) Fire Alarm & Suppression System?

E. Describe the Disposal Methods Used?

F. Describe the On Site Containment System?

Section IX: Additional Locations

Check Here if this section does not apply N/A

Property	Location (Address)	Description	Acreage	Length of Operations (Years)
5				
6				
7				

Section IX: Claims Information

1. Are you aware of any claims, both closed and opened, that have been made previously against you in the past 3 years? Yes No If yes, please provide additional information below.

A. Did any of these claims involving substance release or leakage from a location listed above? Yes No

2. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities? Yes No If yes, please explain:

3.	Number of Claims	Total Incurred / Reserved	Please provide explanation of incident
Current Year			
1 st Prior Year			
2 nd Prior Year			
3 rd Prior Year			
4th Prior Year			

FRAUD WARNING: APPLICABLE TO ALL 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 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 Five thousand dollars and the stated value of the claim for each such violation.

It is agreed that:

1.The following definition is added to all coverage parts:

Application means the EEUM application or proposal that was signed and dated on behalf of the Named Insured or Insureds as of date indicated below.

2.The following Condition is added to the Common Policy Conditions, SSI-EE-COM-02 (03-16) and applicable to all coverage parts:

It is further agreed that all Insureds declare that the statements set forth in the Application are their statements and that thorough efforts have been made to obtain sufficient information from all Insureds in order to facilitate proper and accurate completion of the Application. All Insureds represent that the statements and representations contained in the Application are true and accurate and shall be deemed material to the acceptance of the risk and the Policy was issued in reliance upon the truth and accuracy of such statements and representations. It is agreed by all Insureds the Application has been completed as respects all Insureds and that if any significant change in the condition of any Insured was discovered, between the date the Application was signed and the effective date of the Policy which would render the information in the Application inaccurate or incomplete, any such information was immediately reported in writing to the Insurer. All Insureds agree the Application shall be maintained on file with the Insurer and shall be deemed to be attached to the Policy as if physically attached.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

(Signature)

(Title)

(Date)