



Renewal Application for Premises Environmental Liability Insurance Policy

Instructions:

- This form must be dated and signed by a principal of your Company.
- Answer all questions completely. If any questions do not apply, please state N/A in the space provided.
- Please provide supporting information on a separate sheet and reference the applicable question number. Any supporting information is considered part of this application and is subject to the same terms and conditions.

NOTICE: The coverage applied for is solely as stated in the Policy and any endorsement(s) attached thereto.

- Name of Applicant: _____
Principal Contact: _____
E-mail Address: _____
Mailing Address: _____
Telephone #: _____ Fax #: _____
Website: _____
- Please describe any changes in ownership or management structure of the insured during the past policy term:

- Are there any material changes in operations of any Covered Location(s) on the expiring policy? Yes No
If yes, please explain:

- Are there any planned future changes in operations to any Covered Location(s) on the expiring policy?
 Yes No If yes, please explain:

- Are there any planned future site development or significant capital improvements to any Covered Location(s) on the expiring policy? Yes No If yes, please explain:

- Are there any plans to sell or divest control of any Covered Location(s) on the expiring policy? Yes No
If yes, please detail:

- Are there any known incidents/circumstances, that have not been reported to the Company, that may reasonably be expected to give rise to a claim under the policy? Yes No If yes, please explain:

8. Have there been any complaints, notices of violation, fines, penalties, or other enforcement actions regarding pollution conditions and/or compliance with environmental law at any Covered Location(s) which have not already been reported to the Company? Yes No If yes, please explain:
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9. Are there any locations not currently covered on the expiring policy which the insured desires coverage for? Yes No If "Yes", please provide specific site details separately.

WARRANTY, AUTHORIZED SIGNATURE AND CONTINUING DUTY TO UPDATE

The undersigned is an authorized representative of the prospective First Named Insured, and acknowledges that the information provided with the Application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to Great American and made a part of this application:

1. Will be relied upon by Great American Insurance Companies in determining the acceptability of the prospective Insureds and the premium amount to be charged;
2. Are true, accurate and complete; and
3. Will be considered an integral part of any resultant insurance contract.

The undersigned further agrees that the prospective Named Insured(s) has a continuing duty, through date of policy inception, to update this Application, including all supplements, attachments and replies to underwriter inquiries.

Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required before the applicant may be bound and a policy issued.

Signature of Authorized Applicant

Signature of Broker/Agent

Print Name

Print Name

Date

Date

Title

Signed by Licensed Resident Agent
(Where Required By Law)

**Return application form to: Great American Insurance Company
Environmental Division Office
401 Plymouth Meeting
Plymouth Meeting, PA 19462**

Insurance policies are underwritten by one of the following surplus lines insurers: Great American E & S Insurance Company, Great American Fidelity Insurance Company or Great American Protection Insurance Company. Not available in all jurisdictions. This application is not intended for use by or directed to any person or entity in any jurisdiction in which the solicitation, offer, sale or purchase of non-admitted insurance would be unlawful under the insurance laws and regulations of such jurisdiction.