

Great American Insurance Group Application for Environmental Liability Insurance

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.

Required Attachments:

Additional Storage Tank Schedule ☐ **check here if not applicable**

Please provide copies of your last three (3) years of Pollution Liability, Property and General Liability loss history. Please provide copies of available property inspection reports.

Insureds

1.	Name of Applicant _____										
	Principal Contact _____										
	Contact Email _____										
	Mailing Address _____										
	City _____ State _____ Zip _____										
	Telephone Number _____										
	Years in Business _____										
2.	Desired effective date of coverage _____										
3.	Desired length of policy term _____										
4.	Retroactive Date and/or Reverse Retroactive Date (<i>please specify</i>) on current policy _____										
5.	Desired Limits of Liability and Retention Amount: Each Loss Limit \$ _____ Aggregate Limit \$ _____ Retention Amount \$ _____										
6.	Please list any acquired, affiliated, parent, predecessor, related, subsidiary or other firms for which coverage is requested										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name of Company</th> <th style="width: 50%;">Relation to Named Insured</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name of Company	Relation to Named Insured								
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7.	Describe in detail the First Names Insured's Operations _____										

Covered Locations

☐ **Not Applicable. Coverage is not requested for locations.**

1. Details of proposed location(s) (<i>attach additional pages if necessary</i>)				
Location	Street Address/City/ State/Zip Code	Description of Operations at this Location	Facility Size (acres and square footage under roof)	Owned or Leased
1.				
2.				
3.				
4.				

Covered Locations Continued

	Yes	No
2. Are you aware of any current or past contamination at any proposed location? If yes , please explain	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you aware of any prior, on-going or planned remediation projects at any proposed location? If yes , please explain	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any standards, statutes, or other regulations relating to the environment with which a location does not comply? If yes , please explain	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there any plans to sell or sublease any proposed location(s)? If yes , please explain	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there any plans for development, improvement, demolition or other changes in site use/ operations at any proposed location(s)? If yes , please explain	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any proposed location had an indoor air quality and/or mold problem that cost more than \$5,000 to resolve? If yes , please describe	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there any visible signs of mold growth in any structure at a proposed location? If yes , please describe and approximate the square footage impacted	<input type="checkbox"/>	<input type="checkbox"/>
9. Please describe other companies that also operate out of or lease space at each proposed location		
1. _____		
2. _____		
3. _____		
4. _____		

Storage Tanks

1. Please provide the following information for each location. Attach an additional Storage Tank Schedule if needed.

Aboveground Storage Tank(s) <input type="checkbox"/> N/A										Pipe(s)			
Location #	Install Year	Const.	Capacity	Contents	Leak Detection		Secondary Containment		Retroactive Date on Existing Policy	Line Const.	Year Install	Leak Detection	
					Yes	No	Yes	No				Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

Storage Tanks *Continued*

Underground Storage Tank(s) <input type="checkbox"/> N/A									Pipe(s)			
Location #	Install Year	Const.	Capacity	Contents	Type of Leak Detection ¹	Tank tightness test passed within the last 12 months ²		Retroactive Date on Existing Policy	Line Const.	Year Install	Leak Detection	
						Yes	No				Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
2. Are all of the underground storage tanks listed in the application materials compliant with all applicable Statutes, Standards, or other Federal, State, or other City regulations?										<input type="checkbox"/>	<input type="checkbox"/>	
3. Will any of the storage tanks listed above be removed, replaced, repaired, upgraded or modified in anyway during the next two (2) years?										<input type="checkbox"/>	<input type="checkbox"/>	
4. Have there been or are there any spills, leaks or releases associated with any storage tank listed above?										<input type="checkbox"/>	<input type="checkbox"/>	

Fixed Base Operations

☐ Not Applicable. Coverage is not requested for locations.

		Yes	No
1.	Does your Company provide any aircraft fueling, maintenance or other aviation ground support service? If yes, please describe in detail	<input type="checkbox"/>	<input type="checkbox"/>
2.	If you answered yes above, have such services ever caused a pollution incident? If yes, please explain	<input type="checkbox"/>	<input type="checkbox"/>
3.	Please list each airport or facility at which fixed base operations are being performed		
	Airport		
1			
2			
3			
4			

General Representations

		Yes	No
1.	Within the last five (5) years has the applicant purchased this type of environmental liability insurance? If yes, please provide information regarding any such coverage and all available loss information.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Within the last five (5) years have any claims been made or legal actions <i>(including regulatory actions)</i> been brought against any prospective Insureds?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you received any complaints, notices of violation, fines, penalties, or other enforcement actions regarding pollution conditions and/or compliance with environmental law within the past five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Within the last five (5) years have any of the prospective Insureds been involved in any pollution incidents?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do the prospective Insureds have any knowledge of damage or injury to property, the environment or people during the last five (5) years that was or may in any way have been attributable to them?	<input type="checkbox"/>	<input type="checkbox"/>
6.	At the time of signing this application, are the prospective Insureds aware of any circumstances that may reasonably be expected to give rise to a claim against any insured or otherwise generate a request for coverage under this Policy?	<input type="checkbox"/>	<input type="checkbox"/>
If the answer to question 2., 3., 4., 5., or 6. in Section V above was yes, please provide a description of the circumstance or claim (detail the actual or alleged incident, location, date, type of injury and/or damage, etc.). In addition, provide information as to what actions have been taken by the proposed insured(s) to mitigate or avoid a similar loss from occurring again.			

Please complete warranty, authorized signature and continuing duty to update on following page.

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)

This Statement is provided to you with the insurance application or claim form that you are filing. READ the applicable Fraud Warning Statement for the state in which your claim or application is being made before executing and submitting the attached document to the Insurer or your agent.

Insurance Fraud Warning Statement

ALABAMA
§27-12A-20

At least one of the following forms: Claim release forms, applications, reinstatements for insurance, participation agreements, declaration pages, and claim documents, regardless of the method or form of transmission:

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.

ALASKA
§21.36.380

All insurance claim forms:

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA
§20-466.03

All insurance claim forms:

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Insurance Fraud Warning Statement Continued

ARKANSAS §23-66-503	<p>Claim forms, proofs of loss, or any similar documents, however designated, seeking payment or benefit pursuant to an insurance policy, and applications for insurance, regardless of the form of transmission:</p> <p>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.</p>
CALIFORNIA §1871.2 §1879.2	<p>All insurance applications, all forms upon which an insured can make changes to an existing policy, and all claim forms:</p> <p>For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.</p>
COLORADO §10-1-128	<p>All insurance applications, or all policy forms, or all claim forms:</p> <p>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 policyholder 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.</p>
DELAWARE 11 §913	<p>All insurance claim forms:</p> <p>Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.</p>
DISTRICT OF COLUMBIA §22-3225.09	<p>All insurance applications and claim forms:</p> <p>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.</p>
FLORIDA §817.234	<p>All insurance applications and claim forms:</p> <p>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.</p>
IDAHO §41-1331	<p>All insurance claim forms:</p> <p>Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.</p>
INDIANA §27-2-16-3	<p>All insurance claim forms:</p> <p>A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.</p>

Insurance Fraud Warning Statement *Continued*

KENTUCKY §304.47-030	<p>All insurance claim forms: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing 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.</p> <p>All insurance application forms: 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.</p>
LOUISIANA §40:1424	<p>All insurance applications and claim forms: 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.</p>
MAINE 24-A §2186(3) (A)	<p>All insurance applications and claim forms: 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.</p>
MARYLAND §27-805	<p>All insurance applications and claim forms: 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.</p>
MINNESOTA §60A.955	<p>All insurance claim forms: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.</p>
NEW HAMPSHIRE §402:82	<p>All insurance claim forms: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA638:20.</p>
NEW JERSEY §17:33A-6	<p>All insurance claim forms: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.</p>
NJAC 11:16-1.2	<p>All insurance application forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p>
NEW MEXICO §59A-16C-8	<p>All insurance applications and claim forms: 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.</p>

Insurance Fraud Warning Statement *Continued*

NEW YORK §403(d) 11 NYCRR §86.4	All insurance applications and claim forms except auto: 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.
OHIO §3999.21	All insurance applications and claim forms: 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 §3613.1	All insurance applications, policy and claim forms: 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.
PENNSYLVANIA 18 Pa.C.S. § 4117	All insurance applications and claim forms: 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.
RHODE ISLAND §27-29-13.3 §27-54.1-3	All insurance applications and claims forms: 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.
TENNESSEE §56-53-111	All insurance applications and claim forms: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
TEXAS §704.002(a)	All insurance claim forms: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
VIRGINIA §52-40	All insurance applications and claim forms: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
WASHINGTON §48.135.080	All insurance applications and claim forms: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
WEST VIRGINIA §33-41-3	All insurance applications and claim forms: 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.