



Main Office
 397 Eagleview Blvd.
 Suite 100
 Exton, PA 19341

Application for Environmental 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:

- Please provide copies of your last three (3) years of loss history.
- Please provide copies of your last two (2) years of financial statements and/or 10K reports.
- Please provide a schedule of your environmental insurance policies for the last five (5) years.
- For Premises Environmental Liability insurance please submit the most recent environmental reports for the locations for which coverage is being requested and complete and attach the Premises Environmental Liability Supplemental Application.
- For Contracting Services Environmental Liability insurance please complete and attach the Contracting Services Environmental Insurance Supplemental Application.
- For Professional and Contracting Services Environmental insurance please complete and attach the Professional and Contracting Services Environmental Insurance Supplemental Application.
- For Indoor Air Quality and Mold Liability insurance please complete and attach the Indoor Air Quality and Mold Insurance Supplemental Application.
- Please note, Supplemental Applications, if any, are considered part of this application and are 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.

General Information

1. Name of Applicant _____
 Principal Contact _____
 E-mail Address _____
 Mailing Address _____
 Telephone # _____ Fax # _____
 Website http:// _____
 Years in Business _____ EPA Number(s) _____
 Company is Corporation Partnership Joint Venture LLC/LLP
 Other _____
 Public Private

2. Desired effective date of coverage _____

3. Desired length of policy term _____

4. Retroactive Date and/or Reverse Retroactive Date (*please specify*) on current policy _____

5. Desired Limits of Liability and Retention Amount:
 Each Loss Limit \$ _____
 Aggregate Limit \$ _____
 Retention Amount \$ _____

General Information Continued

Yes No

6. Current Premium \$ _____

7. Describe in detail the Insured's Operations

8. Please provide the Insured's total gross revenues as disclosed on their last three (3) filed tax returns:

\$ _____ for the period ending (enter month/year) _____

\$ _____ for the period ending (enter month/year) _____

\$ _____ for the period ending (enter month/year) _____

Insured's estimated gross revenues for the current fiscal year \$ _____

9. Please list any acquired, affiliated, parent, predecessor, related, subsidiary or other firms for which coverage is requested:

Name of Company	Relation to Named Insured	Revenues associated with this Company

10. Within the last five (5) years has the applicant purchased this type of insurance coverage? Yes No

If yes, please provide information regarding any such coverage and all available loss information.

11. Within the last five (5) years have any claims been made or legal actions (including regulatory actions) been brought against any prospective Insureds? Yes No

12. Within the last five (5) years have any of the prospective Insureds been involved in any pollution incidents? Yes No

13. 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? Yes No

14. 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? Yes No

If the answer to question 11., 12., 13., or 14. 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.

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 _____

Print Name _____ **Date** _____

Title _____

Signature of Authorized Applicant _____

Print Name _____ **Date** _____

Signed by Licensed Resident Agent _____

(Where Required By Law)