



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

## 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.**

Renewal Information	Yes	No
1. Name of Applicant _____ Principal Contact _____ E-mail Address _____ Mailing Address _____ Telephone # _____ Fax # _____ Website _____		
2. Please describe any changes in ownership or management structure of the insured during the past policy term _____ _____		
3. Are there any material changes in operations of any Covered Location(s) on the expiring policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please explain:</b> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any planned future changes in operations to any Covered Location(s) on the expiring policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please explain:</b> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there any planned future site development or significant capital improvements to any Covered Location(s) on the expiring policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please explain:</b> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there any plans to sell or divest control of any Covered Location(s) on the expiring policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please detail:</b> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there any locations not currently covered on the expiring policy which the insured desires coverage for? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please provide specific site details separately.</b>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there any known or suspected pollution related incidents, events or circumstances that have not been reported to the Environmental Division of the Great American Insurance Group that may reasonably be expected to give rise to a claim under any environmental insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please explain:</b> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

**Renewal Information *Continued***

**Yes      No**

9. Have there been any pollution related complaints, notices of violations, fines, penalties, or other enforcement actions, or any alleged violations of any environmental law or regulation, that have not been reported to the Environmental Division of the Great American Insurance Group?



**If yes,** please explain: \_\_\_\_\_

10. Have there been any pollution related incidents, events or circumstances that are required under any environmental law or regulation to be reported to the applicable regulatory authority that have not been reported to the Environmental Division of the Great American Insurance Group?



**If yes,** please explain: \_\_\_\_\_

**Warranty, Authorized Signature and Continuing Duty To Update**

The undersigned is authorized to bind 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 Principal of Applicant** \_\_\_\_\_

**Signature of Broker/Agent** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Date** \_\_\_\_\_

**Title** \_\_\_\_\_

**Signed by Licensed Resident Agent** \_\_\_\_\_  
*(Where Required By Law)*