



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

Premises Application for Environmental Insurance Comprehensive

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 Pollution Liability, Property and General Liability loss history.
- Please provide copies of your last two (2) years of financial statements and/or 10K reports.
- Please submit the most recent environmental reports for the locations for which coverage is being requested.
- Please provide copies of available property inspection reports. (i.e. *Property Condition Assessments, Property Loss Control Reports, etc.*)
- Please provide a copy of your Water Intrusion Management Plan/Mold Operation and Maintenance Plan.

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 # _____

Website http:// _____

Years in Business _____

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 \$ _____

6. Current Premium \$ _____

7. Describe in detail the Insured's Operations

8. 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

General Information Continued

	Yes	No
9. Within the last five (5) years has the applicant purchased this type of insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide information regarding any such coverage and all available loss information.		
10. 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"/>
11. Within the last five (5) years have any of the prospective Insureds been involved in any pollution incidents?	<input type="checkbox"/>	<input type="checkbox"/>
12. 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"/>
13. 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 10., 11., 12., or 13. 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.

Supplemental Information

14. Proposed Locations (*attach additional location schedule if needed*)

Location	Street Address/City/Province/ Mailing Code	Standard Industrial Classification Code (SIC)	Years at Location	Facility Size: (acres and square footage under roof)	Owned or Leased
1.					
2.					
3.					

15. Please provide a description of the operations performed at each proposed location:

1. _____
2. _____
3. _____

16. Please describe the historical use(s) of each proposed location:

1. _____
2. _____
3. _____

17. Please describe other companies that also operate out of or lease space at each proposed location:

1. _____
2. _____
3. _____

18. Has any proposed location ever been used or is currently being used for on-site disposal of waste material (*i.e. lagoons, incineration, surface impoundment, septic system, leach fields, etc.*)?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please describe:

Supplemental Information Continued

19. Describe off-site waste disposal practices. Include the type of material; annual quantity; name and address of the receiving facility; and any known compliance problems at such receiving facility:

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

Above Ground Storage Tanks N/A

Location	Age	Capacity (gallons)	Contents	Construction Material	Containment Construction (Earthen, Concrete, Steel, None, if Other please specify)	Date Tank Last Tested

Underground Storage Tanks N/A

Location	Age	Capacity (gallons)	Contents	Construction Material (including piping)	Leak Detection (please specify the method utilized)	Date Tank Last Tested

Are all of the underground storage tanks listed in the application materials compliant with US EPA standards or leak detection, corrosion protection and overflow protection?

21. Describe effluent/emission treatment and discharge N/A

Location	Discharge Composition	Daily mount	Treatment Process	What is Material Discharged to?	For How Many Years?
1.					
2.					
3.					

22. Please answer the following questions regarding fire/spill safety.

Provide details of the fire detection/suppression systems at each proposed location.

Are your employees trained in fire/spill response?

Has the fire company been made aware of hazardous and incompatible materials used on-site?

23. Provide details of any PFAS usage or storage at each proposed location (including use in fire suppression systems, processes or raw materials).

24. Are you aware of any current or past contamination at any proposed location?

If yes, please describe:

Supplemental Information Continued

	Yes	No
25. Are you aware of any prior, ongoing or planned remediation projects at any proposed location?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please describe:

26. Describe any groundwater monitoring at proposed locations, indicate number of wells and provide a copy of the four (4) most recent groundwater monitoring reports:
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27. 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"/>
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If yes, please describe:

28. Are there any standards, statutes, or other regulations relating to the environment with which a location does not comply?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please describe:

29. Are there any plans to sell or sublease any proposed location(s)?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please describe:

30. Are there any plans for development, improvement, demolition or other changes in site use/operations at any proposed location(s)?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please describe:

31. Has any proposed location had an indoor air quality and/or mold problem that cost more than \$20,000 to resolve?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please describe:

32. Are there any visible signs of mold growth in any structure at a proposed location?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please describe:

33. Have any proposed locations had construction defects or maintenance problems that resulted in indoor air quality and/or mold problems?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please describe:

Supplemental Information Continued

	Yes	No
34. Has a complaint ever been made by a third party relating to indoor air quality and/or mold problems at a proposed location?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe:		
35. Do you have a formal process to document and track indoor air quality and/or mold complaints?	<input type="checkbox"/>	<input type="checkbox"/>
36. Have indoor air quality and/or mold inspections been performed at the proposed locations?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any indoor air quality or mold issues identified?		
If yes, please describe and attach the related report(s):		
37. Are any proposed locations in flood plains or otherwise subject to periodic flooding or the ponding of water?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe and explain what steps have been taken to prevent future damage		
38. Does your Company provide any off-site contracting services?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe:		
If you answered yes above, have such services ever caused a pollution incident?		
If yes, please describe in detail:		

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 Insurance Company and its affiliates and made a part of this application:

1. Will be relied upon by Great American Insurance Company and its affiliates 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.

This document was issued or made by the Company in the course of its insurance business in Canada.

Signature of Authorized Applicant _____

Print Name _____ **Date** _____

Title _____

Signature of Authorized Applicant _____

Print Name _____ **Date** _____

Signed by Licensed Resident Agent _____
(Where Required By Law)