

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

Supplemental Application for Premises Environmental Liability Insurance

Named Insured:								
		s supplemental application forms a		Environmenta	al Insurance.			
Inst •	Please	s: er all questions completely. If an e provide supporting information upporting information is conside	on a separate sheet and	reference th	ne applicable question numb	oer.		
Req	Addition Please Please	Attachments: onal Storage Tank Schedule (E e provide copies of your last thre e provide copies of available pro e provide a copy of your Water Ir	e (3) years of Pollution Liperty inspection reports.	ability, Prope		-		
	Supplemental Information							
1. Lo	cation	Is of proposed location(s): (attach Street Address/City/Province/ Mailing Code	Standard Industrial Classification Code (SIC)	Years at Location	Facility Size: (acres and square footage under roof)			
	 3. 							
2.	1 2	se provide a description of the o						
3.	1 2	Please describe the historical use(s) of each proposed location: 1						
4.	1 2	se describe other companies tha	· 					
5.	Please describe the land use surrounding each proposed location (including sensitive habitats, geographic features, industries, waterways, residences, schools, etc.): 1							

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Supplemental Information Continued

6.	Please provi	de the follo	wing appro	ximate distan	ces		
		istance from the proposed location to the nearest surface water (streams, lakes, wetlands, etc.):					
	1					3	
					est residence:	_	
	1			2		_ 3	
7.	Has any pro	oosed locat	ion ever bee	en used or is cu	urrently being used for o		Yes No
					t, septic system, leach field		
	If yes, please	e describe:					
8.					de the type of material; e problems at such rece	annual quantity; name and	address of
		, raomity, ar	id dily idion			wing radiity.	
9.	Please provi	de the follo	wing informa	ation for each	location. Attach an add	itional Storage Tank Schedu	le if needed.
Abo	ove Ground S	torage Tan	ks 🗆 N/A				
						Containment Construction	
	Location	Age	Capacity (gallons)	Contents	Construction Material	(Earthen, Concrete, Steel, None, if Other please specify)	Date Tank Last Tested
	Location	Aye	(yanons)	Contents	Construction material	None, ii Ouiei piease specity)	Last lesteu
Unc	derground Sto	orage Tank	s 🗆 N/A				
						Leak Detection (please	Date Tank
	Location	Age	(gallons)	Contents	(including piping)	specify the method utilized)	Last Tested
•				P 1 12 11		P 1 20 0	Yes No
		_	_		application materials or protection and overflo	·	
					. p. otootion and over110	protootion:	
Effluent / Emission treatment and discharge N/A What is Material For How Many							
Loca	ation Discha	rge Compos	ition Da	ily Amount	Treatment Process	Discharged to?	Years?
1	1.						
2	2.						
3	3.						

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Su	pplemental Information Continued	Yes	No
10.	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?		
11.	Are you aware of any current or past contamination at any proposed location?		
	If yes, please explain:		
12.	Are you aware of any prior, on-going or planned remediation projects at any		
	proposed location?		
	If yes, please explain:		
13.	Describe any groundwater monitoring at proposed locations. Indicate number of wells and provide	le a copy	of the
	four (4) most recent groundwater monitoring reports:		
4.4	Have very reactive decrease and since and violation fines are alkies as when or forestern		
14.	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?		
	If yes, please explain:		
15.	Are there any standards, statutes, or other regulations relating to the environment with which		
	a location does not comply?		
	If yes, please explain:		
16.	Are there any plans to sell or sublease any proposed location(s)?		
	If yes, please explain:		
17.	Are there any plans for development, improvement, demolition or other changes in site use/		
	operations at any proposed location(s)?		
	If yes, please explain:		
18.	Has any proposed location had an indoor air quality and/or mold problem that cost more than	_	_
	\$20,000 to resolve?		
	If yes, please describe:		
19.	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:		

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Supplemental Information Continued		Yes	No
20. Have any proposed locations had construction defects or main in indoor air quality and/or mold problems?	ntenance problems that resulted		
If yes, please describe:			
21. Has a complaint ever been made by a third party relating to incorproblems at a proposed location?	door air quality and/or mold		
If yes, please describe:			
22. Do you have a formal process to document and track indoor air	quality and/or mold complaints?		
23. Have indoor air quality and/or mold inspections been performed	ed at the proposed locations?		
If yes, were any indoor air quality or mold issues identified?			
If yes, please describe and attach the related report(s):			
24. Are any proposed locations in flood plains or otherwise subject ponding of water?	t to periodic flooding or the		
If yes, please describe and explain what steps have been taken	n to prevent future damage:		
25. Does your Company provide any off-site contracting services?	?		
If yes, please explain in detail and provide the revenue associa	ted with such services:		
If you answered yes above, have such services ever caused a po	ollution incident?		
If yes, please describe in detail:			
t is acknowledged by the applicant that this Supplemental Application is oubject to the same terms and conditions.	considered part of the Application for	Environmo	ental Insura
This document was issued or made by the Company in the course of its ins	surance business in Canada.		
Signature of Authorized Applicant	Signature of Broker/Agent		
Print Name	Print Name		
Date	Date		
Title	Signed by Licensed Resident Age (Where Required By Law)	ent	

Administrative Offices, 301 E. Fourth Street, Cincinnati, OH 45202

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