



BUILDING OWNERS ENVIRONMENTAL PROGRAM, INC. RECOVER PROGRAM APPLICATION

(PLEASE ANSWER ALL QUESTIONS)

PRODUCER AND MEMBER INFORMATION

AGENCY:			SUBMITTED BY:		
ADDRESS:			AGENCY PHONE:		FAX:
CITY:	STATE:	ZIP:	EMAIL:		
APPLICANT NAME:			CONTACT:		
MAILING ADDRESS:					
CITY:	STATE:	ZIP:	EFFECTIVE DATE:		

LOCATION INFORMATION (1st Location - Additional locations require additional applications)

STREET ADDRESS:		CITY:	STATE:	ZIP:	
BUILDING SQUARE FOOTAGE:		STORIES:	YEAR BUILT:		
ARE THERE ANY RESIDENCES, SCHOOLS OR WATERWAYS IN THE SURROUNDING ENVIRONMENT?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
PLEASE DESCRIBE THE NATURE OF THE ABOVE RISK: (Check all that apply)					
APARTMENT <input type="checkbox"/>	COMMERCIAL OCCUPANCY <input type="checkbox"/>	GOLF COURSE <input type="checkbox"/>	MANUFACTURING <input type="checkbox"/>	MARINA <input type="checkbox"/>	
CO-OP/CONDO <input type="checkbox"/>	SWIMMING POOLS <input type="checkbox"/>	WAREHOUSE <input type="checkbox"/>	FARMLAND <input type="checkbox"/>		

LOCATIONS WITH OIL TANKS, PLEASE COMPLETE (Additional applications required beyond 1st)

IS THE TANK ABOVE GROUND (AST) OR UNDERGROUND (UST)? AST UST

Any tank with more than 10%* of the volume of the tank, the tank's piping or the tank's accessories underground is a UST and must be specifically scheduled as such for coverage to apply.
* Regardless of how the tank is classified on any applicable storage certificates

AGE OF TANK:	LENGTH OF PIPING:	CONSTRUCTION OF PIPING:		
IF AST, IS THE TANK LOCATED ON THE GROUND?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF NO, WHERE:				
CAPACITY OF TANK (GALLONS):	FUEL TYPE (2, 4, 6):	BULK PETROLEUM STORAGE ID#:		
ARE THERE ANY PLANS TO REMOVE THE TANK(S) DURING THE NEXT TWO YEARS?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS THERE A LEAK DETECTION SYSTEM?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
CORROSION PROTECTION?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE ANY OTHER TANKS IN USE AT THIS LOCATION?			YES <input type="checkbox"/>	NO <input type="checkbox"/>





QUESTIONS

HAS THE INSURED EVER HAD, OR HAS THERE BEEN AT THIS LOCATION, A POLLUTION CLAIM, INCIDENT OR OCCURRENCE OF ANY KIND, WHETHER OR NOT INSURED? YES NO

ARE YOU AWARE OF ANY CIRCUMSTANCES WHICH MAY REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM OR GENERATE A REQUEST FOR COVERAGE UNDER THIS POLICY? YES NO

WITHIN THE PAST FIVE YEARS HAVE ANY CLAIMS BEEN MADE OR LEGAL ACTIONS (INCLUDING ANY REGULATORY PROCEEDINGS) BEEN BROUGHT AGAINST THE APPLICANT OR ANY OTHER PARTY TO THE PROPOSED INSURANCE? YES NO

HAS THERE BEEN ANY PAST, PRESENT OR PLANNED REMEDIATION, MONITORING OR SAMPLING TO INVESTIGATE POTENTIAL CONTAMINATION AT ANY COVERED LOCATION(S) LISTED ABOVE? YES NO

ARE THERE ANY KNOWN PLANS FOR FUTURE DEVELOPMENT, IMPROVEMENT, BETTERMENT, DEMOLITION OR PLANS FOR CHANGES IN SITE OPERATIONS AT ANY OF THE COVERED LOCATION(S) LISTED ABOVE? YES NO

LEAD & ASBESTOS - Are you seeking coverage? (IF NO, skip section) YES NO

IS THERE ANY LEAD-BASED PAINT OR ASBESTOS CONTAINING MATERIAL (ACM) PRESENT IN THE BUILDING AT COVERED LOCATION(S) THAT YOU ARE AWARE OF? YES NO

HAS THE BUILDING EVER BEEN INSPECTED FOR LEAD-BASED PAINT OR ACM? YES NO

HAVE ANY HEALTH CONCERNS BEEN RAISED, OR ANY CLAIMS BEEN MADE, WITH RESPECT TO THE PRESENCE OF LEAD-BASED PAINT, ASBESTOS OR ASBESTOS CONTAINING MATERIALS AT ANY OF THE BUILDINGS LOCATED AT THE PROPOSED COVERED LOCATION(S)? YES NO

IF LEAD-BASED PAINT AND/OR ACM ARE PRESENT OR SUSPECTED IN THE BUILDING AT COVERED LOCATION(S), ARE QUALIFIED CONTRACTORS USED WHEN ADDRESSING ANY MANAGEMENT ISSUES? YES NO N/A

HAS A LEAD-BASED PAINT OR ACM DISCLOSURE BEEN PROVIDED TO ANY BUILDING TENANTS AT ANY COVERED LOCATION(S) INDICATING THAT LEAD-BASED PAINT MAY BE PRESENT IN THE BUILDING (TYPICAL FOR ALL BUILDINGS CONSTRUCTED PRIOR TO 1978)? YES NO N/A

FRAUD WARNINGS

NOTICE TO NEW YORK APPLICANTS: 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 be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

THE APPLICATION REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

AGENT SIGNATURE

DATE

INSURED SIGNATURE

DATE

AGENT NAME

INSURED NAME

