



**I. PRODUCER INFORMATION**

Agency: \_\_\_\_\_ Submitted by: \_\_\_\_\_  
 Address: \_\_\_\_\_ Agency Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ ST: \_\_\_ ZIP: \_\_\_\_\_ Submitter Email: \_\_\_\_\_  
 Member /Insured: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_

**In order to bind coverage, the following is required:**

- This application completed in its entirety, and signed by the above agent.
- 5 years of currently valued loss history.
- Any applicable supplemental forms.

**II. LOCATION INFORMATION (FIRST LOCATION—ADDITIONAL LOCATIONS REQUIRE SUPPLEMENTAL APPLICATION)**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Stories: \_\_\_\_\_ Building Square Footage: \_\_\_\_\_ Year Built: \_\_\_\_\_

Has the above 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

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

Are there any residences, schools, parks or waterways in the surrounding environment? YES  NO

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

**III. LOCATIONS WITH OIL TANKS, PLEASE COMPLETE BELOW**

Is the tank aboveground (AST) or underground (UST)? AST  UST   
 If AST, is the tank location on the ground? YES  NO   
 If no, where is it located? \_\_\_\_\_ What is the tank constructed of? \_\_\_\_\_  
 Is there a concrete retaining wall or other secondary containment system? YES  NO   
 Age of tank? \_\_\_\_\_ Last updated: \_\_\_\_\_ Capacity of tank (gallons) \_\_\_\_\_  
 Fuel type (2, 4, 6) \_\_\_\_\_ Bulk Petroleum storage ID# \_\_\_\_\_ Single or double walled? \_\_\_\_\_  
 Are there any plans to remove the tank(s) during the next two years? YES  NO   
 Is there a leak detection system? YES  NO  Corrosion protection? YES  NO   
 Construction of piping: \_\_\_\_\_ Length of piping: \_\_\_\_\_  
 Are any other tanks in use at this location? YES  NO

**IV. UNDERLYING POLICY INFORMATION**

Are you aware of any past or present contamination on-site or emanating from any covered locations listed above, or any circumstances which may reasonably be expected to give rise to a claim or generate a request for coverage under this Policy? YES  NO

If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Has there been any past, present or planned remediation, monitoring or sampling to investigate potential contamination at any covered location listed above? YES  NO

If Yes, please provide explanation and attach copies: \_\_\_\_\_  
 (Ed. 2/2010)



# Building Owners Environmental Program Application

Are there any known plans for future development, improvement, betterment, demolition or plans for changes in site operations at any of the covered locations listed above? YES  NO

If Yes, please explain: \_\_\_\_\_

Is there any known lead-based paint or asbestos containing material (AMC) present in the building at covered location of which you are aware? YES  NO

If No, has the building(s) ever been inspected for lead-based paint or ACM? \_\_\_\_\_

If Yes, how is the lead-based paint or ACM currently being managed (ie., formal procedures such as an Operations and Maintenance Program) and provide a copy of the management plan? \_\_\_\_\_

If lead-based paint and/or ACM is present or suspect in the building at covered location, are qualified contractors used when addressing any management issues? YES  NO

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 1987)? YES  NO  Not Applicable

If Yes, please provide a specimen copy of the Disclosure.

**V. FRAUD WARNINGS**

**NOTICE 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 APPLICANT 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.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_