



Site Pollution Liability Supplemental Application

APPLICANT'S NAME:		
DEDUCTIBLE DESIRED <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other: \$ _____	LIMITS OF LIABILITY REQUESTED <input type="checkbox"/> \$1,000,000 each claim/ \$1,000,000 aggregate policy limit <input type="checkbox"/> \$ _____ each claim /\$ _____ aggregate policy limit	
COVERAGES REQUESTED		
General Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made ISO Class Code(s) _____ Retroactive date: / /	Site Specific Coverage <input type="checkbox"/> Claims-Made ISO Class Code(s) _____ Retroactive date: / / <i>Check which option the Applicant is requesting:</i> <input type="checkbox"/> Site Pollution Liability with Transit <input type="checkbox"/> Site Pollution Liability without Transit <input type="checkbox"/> Cleanup of sudden & accidental releases	
GENERAL INFORMATION - Explain all "YES" responses		
YES NO <input type="checkbox"/> <input type="checkbox"/> Has the Applicant ever had any reportable releases or spills of hazardous substances or pollutants? <input type="checkbox"/> <input type="checkbox"/> Fines or NOV's? <input type="checkbox"/> <input type="checkbox"/> Neighbor's complaint?	YES NO <input type="checkbox"/> <input type="checkbox"/> Does Applicant have a Fire Protection Plan? <input type="checkbox"/> <input type="checkbox"/> Does Applicant have a documented inspection program? <input type="checkbox"/> <input type="checkbox"/> Does Applicant have an Emergency Response Plan?	
Provide a complete description of the Applicant's operations (include a diagram of the facility)		
REQUIRED ATTACHMENTS FROM ALL APPLICANTS :		
<i>The following items must accompany this section:</i>		
<input type="checkbox"/> Copies of the expiring policy if applicable <input type="checkbox"/> Copies of any environmental surveys/audits conducted at the location	<input type="checkbox"/> Copy of the Emergency Plan (if applicable) <input type="checkbox"/> Copy of resumes of key personnel	
Comments:		
Document1	Site Pollution Liability	Page 1 of 4



Site Pollution Liability Supplemental Application

COMPLETE FOR EACH FACILITY TO BE COVERED

Name Address City, State, Zip	Description of Site Operations	Age of Facility
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Description of Past Occupancies and Land Use Description of Future use of the Facility	Description of Surrounding Environmental and Land Use (N, S, E, & W) Description of industry located within a 3 mile radius of this facility:
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Provide an explanation for any "YES" answers

YES NO Is this a RCRA or Superfund Site or have the potential to become one?

YES NO Have any waste materials been disposed of, spilled, or buried at this facility?

YES NO Have there been any leaks, spills, or discharges at this facility?

Permits and Ground Water Monitoring POTW NPDES AIR STORMWATER

DOES	On-site ground monitoring wells? <input type="checkbox"/> YES <input type="checkbox"/> NO		
LOCATION	If YES, how many?	What contaminant is being monitored?	Frequency of monitoring?
HAVE:	If YES, provide monitoring results from past 4 samples & a map showing the location of the wells & groundwater flow direction.		

Description of nearby surface water bodies (e.g., streams, lakes, wetlands):

Description of any protected environments in the area (parks, wildlife reserves, etc.):

Description of all raw/hazardous materials used or stored on-site				METHOD OF STORAGE	
QUANTITY OF MATERIAL					
DESCRIPTION	PER YEAR	ANY ONE TIME	TYPE (E.G., DRUM, ETC)	SECONDARY CONTAINMENT	
1					
2					
3					



Site Pollution Liability Supplemental Application

Description of all above/underground storage tanks on-site:

Tank #	AST or UST	Construction of Tank	Construction of Piping	Capacity	Year installed Tank/Piping	Contents	Spill Containment	Secondary Containment
<i>Example:</i>	<i>AST</i>	<i>Fiberglass</i>	<i>Fiberglass</i>	<i>5,000 gal</i>	<i>1995/1995</i>	<i>Diesel</i>	<i>Yes</i>	<i>110% Volume - Poured Concrete</i>

Explain any tank inventory control and/or testing methods used (attach latest tank test results):

Are the tanks registered with the state? YES NO

Are the tanks and dispenser areas clean and free of spillage? YES NO

AUTHORIZATION FOR A PHONE SURVEY

Applicant's Name: _____

Date: / /

Applicant's Signature: _____

Telephone # : _____

Person to Contact: _____

Date & Time to Call: _____

The undersigned hereby authorizes Colony Management Services, Inc. and/or a consultant under contract with Colony Management Services to contact the insured directly for the purpose of conducting a telephone survey.

(Please provide several dates/times that are convenient for Applicant.)

List Additional Locations:



Site Pollution Liability Supplemental Application

TRANSIT INFORMATION (COMPLETE ONLY IF REQUESTING THIS COVERAGE) NOT APPLICABLE

What is the radius of transit (in miles) of materials from your facility?

Driver training and MVR review policy in place?

How many vehicles are used?

What type of vehicles are being used to transport materials from your site?

What mobile equipment is used/owned?

Do you have EPA or State status as required to transport and/or store waste materials generated from your work? (Attach an explanation.)

Do you have a safety protocol and/or spill plan in place in case of an accident or spill with a vehicle transporting material from your site? Please attach copies or describe.

What experience do you require of drivers transporting materials off site? (e.g., commercial driver's licenses, special training for the handling of the materials, safety training in case of a spill or accident?)

Have you had any pollution-related losses or claims from the transit of materials from your facility in the past five years? (If "YES", please provide details.)

What materials are being transported and how much of each material is being transported?

MATERIALS TRANSPORTED	AMOUNT TRANSPORTED AT ANY ONE TIME
1.	1.
2.	2.
3.	3.
4.	4.

Comments:



Environmental Application

INSTRUCTIONS: Please complete all applicable sections of this Application and return it to Colony Management Services, Inc. along with the Supplemental Information requested. Please read all questions carefully and provide complete answers. Failure to provide complete information may result in delay in consideration of this Application. This Application is NOT an insurance policy and the Company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details to Application on a separate sheet of paper. All Applicants must sign the Application where indicated.

APPLICANT INFORMATION

APPLICANT'S MAILING ADDRESS	PHYSICAL ADDRESS IF DIFFERENT THAN MAILING ADDRESS
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Telephone #	Telephone #
Fax #	Fax # E-mail

PLEASE INDICATE COVERAGE(S) DESIRED - *And complete the applicable supplemental application for each*

- | | |
|--|---|
| <input type="checkbox"/> Contractors Pollution Liability | <input type="checkbox"/> Site Pollution Coverage |
| <input type="checkbox"/> Professional Errors & Omissions Liability for Environmental Engineers and Consultants | <input type="checkbox"/> General Liability Coverage (submit an Acord application) |

GENERAL INFORMATION - *Explain all "YES" responses*

YES NO

- Is the Applicant a successor of any other business?
- Is work done through or by any affiliated or related companies?
- Does Applicant transport hazardous materials or substances in vehicles owned, leased, operated or rented by the Applicant?
- Is Applicant or any affiliated, related or predecessor entity currently involved in any litigation, administrative or arbitration proceeding(s) or subject to any court or agency order or injunction?
- Has Applicant or any affiliated, related or predecessor entity or any officer or owner of any of them ever been convicted of a crime?
- To the best of your knowledge, are you in compliance with all federal, state and local safety, health and environmental regulations and notification requirements? If NO, attach an explanation.
- At the time of signing this application, is the applicant aware of any circumstances which may reasonably be expected to give rise to a claim under any of the policies for which the applicant is applying?
- Are any organizations closely associated with Applicant in the form of a holding company, subsidiary, sister or parent company, or a firm with substantially the same ownership? If YES, does any such company or firm, require coverage under Applicant's policy? If YES, complete a separate application for each.
- During the past five years has the company changed names, purchased other companies or been a part of any mergers or consolidations?
- Has Applicant or any affiliated, related or predecessor entity ever been (or currently) the subject of bankruptcy, reorganization, solvency, dissolution or other debtor related proceeding, or has it made an assignment for the benefit of creditors?
- Has Applicant or any affiliated, related or predecessor entity ever been cited by a federal, state, county, city, municipal or other government agency or court for violation of any applicable construction, safety and health and/or environmental standards?
- In the last 3 years has any insurance been declined or cancelled?



Environmental Application

PRIOR CARRIER INFORMATION - Please attach a copy of Applicant's current policies			
Effective Date:	/ /	/ /	/ /
Carrier:			
Policy # & Coverage:			
Policy Type:	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence
Retro Date:	/ /	/ /	/ /
Limit of Liability:			
Deductible:			
Total Premium:			
Effective Date:	/ /	/ /	/ /
Carrier:			
Policy # & Coverage:			
Policy Type:	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence
Retro Date:	/ /	/ /	/ /
Limit of Liability:			
Deductible:			
Total Premium:			
Effective Date:	/ /	/ /	/ /
Carrier:			
Policy # & Coverage:			
Policy Type:	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence
Retro Date:	/ /	/ /	/ /
Limit of Liability:			
Deductible:			
Total Premium:			
LOSS HISTORY - Provide information on all claims, events or occurrences that may give rise to or result in a claim			
CHECK HERE IF NONE <input type="checkbox"/>			
DATE OF LOSS	COVERAGE	DESCRIPTION OF THE LOSS INCLUDING AMOUNT PAID & DATE OF LOSS	STATUS OF CLAIM/AMOUNT RESERVED OR PAID



Environmental Application

ADDITIONAL NAMED INSUREDS - Attach additional page if necessary			
Name	Address	Name	Address
City, State, Zip	Telephone #	City, State, Zip	Telephone #
	Fax #		Fax #
INTEREST:		INTEREST:	
CONTACT NAME:		CONTACT NAME:	
Name	Address	Name	Address
City, State, Zip	Telephone #	City, State, Zip	Telephone #
	Fax #		Fax #
INTEREST:		INTEREST:	
CONTACT NAME:		CONTACT NAME:	
ADDITIONAL INSUREDS - Attach additional page if necessary			
Name	Address	Name	Address
City, State, Zip	Telephone #	City, State, Zip	Telephone #
	Fax #		Fax #
INTEREST:		INTEREST:	
CONTACT NAME:		CONTACT NAME:	
Name	Address	Name	Address
City, State, Zip	Telephone #	City, State, Zip	Telephone #
	Fax #		Fax #
INTEREST:		INTEREST:	
CONTACT NAME:		CONTACT NAME:	
SUPPLEMENTAL INFORMATION - Required from all Applicants (Attach each item listed to Application)			
<input type="checkbox"/> Resumes of Applicant's key personnel	<input type="checkbox"/> Website address		
<input type="checkbox"/> Available literature/brochures on all operations	<input type="checkbox"/> Total projected gross revenue (next 12 months):		
<input type="checkbox"/> Copy of the expiring policy for retroactive date consideration	Revenue: \$	Payroll: \$	
APPLICANT'S SIGNATURE			
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information may be guilty of a felony or misdemeanor and subject to appropriate prosecution.			
Applicant's Signature: _____		Title _____ Date: ____ / ____ / ____	
Comments:			
Document2		Applicant Information Page 3 of 3	