



**McGOWAN RISK SPECIALISTS**  
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## ENVIRO FLEX SITE POLLUTION LIABILITY INSURANCE APPLICATION

### PLEASE ANSWER ALL QUESTIONS COMPLETELY

**NOTICE:** For certain policies and coverage parts issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

**ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:**

1. Please attach copies of any prior environmental site assessments (ESAs) - Phase 1s, Phase 2s or Phase 3s that have been completed for the subject site(s) within the prior 3 years.
2. Please attach most recent income statement and balance sheet.
3. Please attach five (5) years of valued loss runs (if applicable).

**A. APPLICANT INFORMATION:**

Applicant:		Date:	
Inspection Contact Name:		Phone:	
Address:			
City:		State:	Zip Code:
Company Website:			D&B No.:
Company is a(n): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other			
<i>(please describe)</i>			

**B. COVERAGE**

New Business                       Renewal

Have you ever carried site pollution coverage before?  Yes  No

If yes, please provide dates of coverage.

Reason for coverage being sought:     New purchase                       Refinance                       Other

**REQUESTED COVERAGE**

<input type="checkbox"/> Third Party Pollution Liability	Effective Date: Limits of Liability: Deductible/SIR: Endorsements/Other Coverages:	Retroactive Date:
<input type="checkbox"/> On-Site Cleanup	Effective Date: Limits of Liability: Deductible/SIR: Endorsements/Other Coverages:	Retroactive Date:

The following entities are to be listed as named insureds on the policy. Please list any ownership/relationship information:

Entity	Ownership/Relationship	Description of Operations
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**PRIOR LIABILITY COVERAGE (LAST 3 YEARS)**

Type of Coverage	Carrier	Effective Date	Retroactive Date	Limits of Liability	Deductible/SIR	Gross Annual Revenue	Policy Type	Rate	Premium
						\$			
						\$			
						\$			

Has any policy or coverage been declined, cancelled, and/or non-renewed during the prior 3 years?  Yes  No  
 If Yes, please provide a detailed explanation.

**C. HISTORY OF COMPANY**

- Date company was established:
- Have there been any acquisitions, consolidations, dissolutions, and/or mergers?  Yes  No  
If Yes, please explain.
- Does the firm share or otherwise comingle employees?  Yes  No  
If Yes, please explain.
- Does the firm have subsidiaries, parent company, or any other related entities owned in whole or in part by the insured?  Yes  No  
If Yes, please explain.
- What are your estimated gross annual revenues for the next 12 months? \$

**D. PROPOSED INSURED PROPERTIES**

Please complete the following for all locations (sites) to be covered under this policy:

Location	Acreage	Current Operations	Length of Operations	Hazardous Materials <sup>1</sup>	Additional Occupants <sup>2</sup>

<sup>1</sup>Complete Section F for any locations generating, handling, storing, or disposing of hazardous materials. Complete Section G for any locations generating, handling, storing, or disposing of hazardous waste.  
<sup>2</sup>Please list all additional occupants on site and their relationship to the property (own, lease, sublet, etc.)

- Please describe any plans to redevelop and/or change the use of any of the above locations:
- Are there any plans for future environmental remediation activities including testing of soil, groundwater or surface water to be performed at any of the above locations?  Yes  No  
If yes, please describe, including type of remediation and anticipated project dates.

**E. HAZARDOUS MATERIALS**

If hazardous materials are not utilized, at the proposed insured locations, please check here

Please list any hazardous materials utilized at the proposed insured locations:

Location	Hazardous Material	Maximum Quantity	Storage Method/ Location <sup>1</sup>	Disposal Method

<sup>1</sup>Please describe any secondary containment utilized.

Have any hazardous materials ever been disposed of at any of the above locations?  
If Yes, please describe in detail.

Yes  No

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## F. HAZARDOUS WASTE

If hazardous waste is not generated, produced, or otherwise located at the proposed insured locations, please check here:

Please complete for any location that generates, treats, processes, disposes, separates, or stores any type of hazardous waste (solid, liquid - including wastewater, etc.)

Location	Waste Type	Source	Effluent Discharge Point	Maximum Generated/ Mo. <sup>1</sup>	Maximum Quantity Stored	Transporter/ Carrier	Disposal Location
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<sup>1</sup>Large Quantity Generator- >1000kg/mo.  
Small Quantity Generator-100-1000kg/mo.  
Conditionally Exempt -<100kg/mo.

- For each type of waste identified above, please describe the storage method, controls utilized, and disposal method:
  - Do you perform any audits of disposal facilities identified above?  Yes  No  
If Yes, please describe.
  - Do you have a used oil program?  Yes  No  
If Yes, please describe.
  - Has your company ever been named as a Potentially Responsible Party (PRP) in association with a non-owned disposal site?  Yes  No  
If Yes, please describe.
  - Are emergency response plans in place at the above locations?  Yes  No  
If yes, please attach copy.
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## G. STRUCTURES

Please identify all structures present at the insured locations:

Location	Structure	Approx. Age	Fencing Present	Security System/Alarms
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1. Have any of the above structures been tested for asbestos, lead based paint, or radon?  Yes  No  
If Yes, please attach copies of applicable surveys.
2. Have any of the above structures been remediated for asbestos or lead based paint?  Yes  No  
If Yes, please describe in detail.

## H. UNDERGROUND (USTs) & ABOVE GROUND (ASTs) STORAGE TANKS

Please complete for all locations that have either ASTs or USTs on site.

Location	Age	Construction <sup>1</sup>	Capacity	Monitoring System	Diking	Contents	Overfill Protection	Piping <sup>2</sup>	Compliance/Status <sup>3</sup>
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<sup>1</sup>Please describe wall type and material composition

<sup>2</sup>Please describe construction, composition, leak detection if over 100 lineal feet

<sup>3</sup>Please describe if closed, removed and/or if No Further Action (NFA) was received

## I. ENVIRONMENTAL HISTORY

Please complete the following for each location.

### 1. Location:

Prior Land Usage (if any):

Duration of time for that usage:

- a. Has fill material ever been used at the above location?  Yes  No  
If Yes, please describe in detail.
- b. Are there any dry wells, septic systems, leach fields, and/or oil/water separators present at the above location?  Yes  No  
If Yes, please describe in detail.
- c. Has any remediation or monitoring (mandated or voluntary) of soil or groundwater (monitoring wells, NPDES, CAA, etc.) ever taken place at the above location?  Yes  No  
If Yes, please describe in detail.
- d. Has there ever been testing of soil, groundwater, surface water, or air at the above locations?  Yes  No  
If Yes, please describe in detail.
- e. Does the above location require any environmental permits to operate?  Yes  No  
If yes, please describe in detail.
- f. Does the above location have an emergency response plan/health & safety plan in place?  Yes  No  
If Yes, please attach copy.

*Please add additional pages for any additional locations.*

## J. PROPERTY LOCATION

Please complete for each location to be covered by this policy:

1. Please describe adjacent properties:

Property Location:

North:

South:

East:

West:

2. Identify nearby surface bodies of water (including streams, lakes, wetlands, etc.) and include approximate distance from covered location.
3. Identify any surface or groundwater uses including reservoirs, drinking water wells, etc. and include approximate distance from covered location.
4. Identify any "protected environments" or sensitive receptors (parks, wildlife refuges, schools/day care with children present) and include approximate distance from covered location.
5. Is the covered location serviced by public water and sewer?  Yes  No

*Please add additional pages for any additional locations*

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#### K. LANDFILLS

Please complete for all locations on which there are open and/or closed landfills. Please check here if no landfills are on proposed insured locations .

**Location:**

1. Landfill status:  Open  Closed  Open but expecting closure
2. Are you in compliance with the financial assurance requirements?  Yes  No
3. If Yes, are you in compliance with federal, state or local requirements?  Yes  No  
Please describe how you are meeting financial assurance requirements.
4. Acreage:
5. Liner present:  Yes  No  
If Yes, please describe type, thickness, and composition.
6. Leachate Collection System:  Yes  No  
If yes, please include amount of leachate produced yearly:
7. Active Groundwater Monitoring Wells on site:  Yes  No  
If Yes, please attach copies of sampling/discharge results for last 2 years.  
Number of up gradient wells on site:  
Number of down gradient wells on site:
8. Is there an emergency response plan for the site? If yes, please attach copy.  Yes  No

*Please add additional pages for any additional locations*

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#### L. VIOLATIONS

1. During the last 5 years, have you received any violations, citations, complaints, or other enforcement actions regarding any standard or law relating to the release of a substance  Yes  No

from any of the locations to be covered by this policy into sewers, bodies of water, air, or onto land?

If yes, please provide detailed explanation.

2. If you answered YES to question 1 above, were you prosecuted for this violation?  Yes  No  
If yes, please provide detailed explanation.

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## M. CLAIMS

1. During the last 5 years, have any pollution claims occurred at any of the locations to be covered by this policy?  Yes  No  
If yes, please provide detailed explanation.
2. At the time of signing of this application, are you aware of any contamination or release on the property(ies) or on any of the adjacent properties which may impact the insured location?  Yes  No  
If yes, please provide detailed explanation.
3. At the time of signing this application, are you aware of any circumstances that may reasonably be expected to give rise to a claim under this policy?  Yes  No  
If yes, please provide detailed explanation.

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## FRAUD WARNINGS:

**Notice to Arkansas and West Virginia Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to District of Columbia Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Notice to Hawaii Applicants:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Notice to Kentucky Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Notice to Maine Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**Notice to Maryland Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to New Mexico Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Notice to Ohio Applicants:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Notice to Oklahoma Applicants:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Notice to Oregon Applicants:** Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Notice to Pennsylvania 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 subjects such person to criminal and civil penalties.

**Notice to Tennessee, Virginia and Washington Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Notice to Vermont Applicants:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Notice to Applicants of all other states:** 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 subjects the person to criminal and civil penalties.

**WARRANTY STATEMENT**

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the Applicant to the insurer to complete the insurance.

**I warrant that the information contained in this application is true and that it will form the basis of and be incorporated into the final policy, if issued.**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***PLEASE COMPLETE THE FOLLOWING FOR ADDITIONAL LOCATIONS***

**ADDITIONAL LOCATIONS (Copy and complete for each additional location)**

**I. ENVIRONMENTAL HISTORY**

Please complete the following for each location.

**1. Location:**

Prior Land Usage (if any):

Duration of time for that usage:

- a. Has fill material ever been used at the above location?  Yes  No  
If Yes, please describe in detail.
  
  - b. Are there any dry wells, septic systems, leach fields, and/or oil/water separators present at the above location?  Yes  No  
If Yes, please describe in detail.
  
  - c. Has any remediation or monitoring (mandated or voluntary) of soil or groundwater (monitoring wells, NPDES, CAA, etc.) ever taken place at the above location?  Yes  No  
If Yes, please describe in detail.
  
  - d. Has there ever been testing of soil, groundwater, surface water, or air at the above locations?  Yes  No  
If Yes, please describe in detail.
  
  - e. Does the above location require any environmental permits to operate?  Yes  No  
If yes, please describe in detail.
  
  - f. Does the above location have an emergency response plan/health & safety plan in place?  Yes  No  
If Yes, please attach copy.
- 

**J. PROPERTY LOCATION**

Please complete for each location to be covered by this policy:

- 1. Please describe adjacent properties:  
Property Location:  
North:  
South:  
East:  
West:
- 2. Identify nearby surface bodies of water (including streams, lakes, wetlands, etc.) and include approximate distance from covered location.
- 3. Identify any surface or groundwater uses including reservoirs, drinking water wells, etc. and include approximate distance from covered location.
- 4. Identify any "protected environments" or sensitive receptors (parks, wildlife refuges, schools/day care with children present) and include approximate distance from covered location.



5. Is the covered location serviced by public water and sewer?

Yes  No

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**K. LANDFILLS**

Please complete for all locations on which there are open and/or closed landfills. Please check here if no landfills are on proposed insured locations .

**Location:**

1. Landfill status:  Open  Closed  Open but expecting closure

2. Are you in compliance with the financial assurance requirements?

Yes  No

3. If Yes, are you in compliance with federal, state or local requirements?

Yes  No

Please describe how you are meeting financial assurance requirements.

4. Acreage:

5. Liner present:

Yes  No

If Yes, please describe type, thickness, and composition.

6. Leachate Collection System:

Yes  No

If yes, please include amount of leachate produced yearly:

7. Active Groundwater Monitoring Wells on site:

Yes  No

If Yes, please attach copies of sampling/discharge results for last 2 years.

Number of up gradient wells on site:

Number of down gradient wells on site:

8. Is there an emergency response plan for the site? If yes, please attach copy.

Yes  No