

American Safety Insurance Services, Inc.

ASIG Insurance Services (In California)
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Site Pollution Impairment Legal Liability (SPILL™) Application

Coverage is available on a claims made basis

This application is NOT an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. For the purposes of this application "you" includes the Corporation, Entity, or Partnership of the applicant and any Directors, Officers, or Partners thereof.

INSTRUCTIONS:

1. This application requires that contact persons be provided for each location. The applicant is responsible for obtaining and reviewing whatever records are available, whether in their possession or in the public domain, which are necessary to answer any of the questions in this application.
2. If additional space is needed, attach details on a separate sheet of paper.
3. Please provide the following documents and materials along with the completed (signed, and dated) application
 - Audited financials and/or 10k for the past year
() Enclosed () Information to follow () Does not exist
 - Schedule of EIL and GL insurance policies for the past year
() Enclosed () Information to follow () Does not exist
 - Any environmental surveys/assessments/audits conducted within the past at any of the locations to be considered
() Enclosed () Information to follow () Does not exist
 - Five years of currently valued loss runs
() Enclosed () Information to follow () Does not exist

PRODUCER	APPLICANT
Name: _____	Name: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____
Fax #: _____	Fax #: _____
Email Address: _____	Email Address: _____
Web Address: _____	Web Address: _____
PRODUCER NAME: _____	PRIMARY CONTACT NAME: _____

SECTION I. General Information

Describe specifically the operations of the Applicant:

Total Number of Locations: _____ Is the mailing address above a covered location? YES NO

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have an Emergency Response Plan? If YES, attach a copy.
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a documented inspection program? If YES, attach a copy.
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a formal written Fire Protection Plan? If YES, attach a copy.
<input type="checkbox"/>	<input type="checkbox"/>	Is the Applicant a generator of hazardous waste? If YES indicate: <input type="checkbox"/> Conditional Small Quantity <input type="checkbox"/> Small Quantity <input type="checkbox"/> Large Quantity
<input type="checkbox"/>	<input type="checkbox"/>	Do you have one person whose sole responsibility is environmental management and compliance? If yes, please provide contact name and phone #:
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any storage tanks covered by a separate policy?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been named as a Potentially Responsible Party (PRP)? If yes, please select the description: <input type="checkbox"/> Named, but de minimis <input type="checkbox"/> Named and active

SECTION II. Coverage Specifications

Effective Date: _____		Retro Date: _____		Policy Term:	
Retention Type: <input type="checkbox"/> Self-Insured Retention <input type="checkbox"/> Deductible		<input type="checkbox"/> One Year <input type="checkbox"/> Two Year <input type="checkbox"/> Three Year <input type="checkbox"/> Other _____			
Retention Amount: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Other _____		Limits of Liability: <input type="checkbox"/> \$1M/\$1M <input type="checkbox"/> \$5M/\$5M <input type="checkbox"/> Other _____			
COVERAGE REQUESTED:					
New Conditions: (Standard)			Unknown Pre-existing Conditions: (Optional)		
<input type="checkbox"/> Off-site Bodily Injury and Property Damage			<input type="checkbox"/> Off-site Bodily Injury and Property Damage		
<input type="checkbox"/> Off-site Cleanup Costs			<input type="checkbox"/> Off-site Cleanup Costs		
<input type="checkbox"/> On-site Bodily Injury and Property Damage			<input type="checkbox"/> On-site Bodily Injury and Property Damage		
<input type="checkbox"/> On-site Cleanup Costs			<input type="checkbox"/> On-site Cleanup Costs		
Other Options:					
<input type="checkbox"/> Non-owned Disposal Site coverage			<input type="checkbox"/> Business Interruption & Extra Expense		
<input type="checkbox"/> Transportation pollution			<input type="checkbox"/> Additional Insured(s): Number _____		

SECTION III. Prior Pollution Coverage

Check here if this section does not apply.

Carrier	Limits	Retroactive Date	Policy Number	Premium	Policy Term

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has any policy or coverage been declined, canceled or non renewed during the prior three years? If YES, please describe.
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SECTION IV. Additional Information

Attach a separate sheet if necessary

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Has there ever been any contamination (reportable or not) at your facility(ies) or on the property(ies) during your tenancy, operation and/or ownership of the facility(ies)/property(ies). If YES, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	Has there ever been any contamination (reportable or not) at your facility(ies) or on the property(ies) prior to your tenancy, operation and/or ownership of the facility(ies)/property(ies)? If YES, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	Are you aware of any waste materials that have been disposed of or buried on your property(ies) or nearby property(ies)? If YES, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	Has your facility ever had a leak, spill, release or discharge (reportable or not) of any kind of any hazardous substances, hazardous waste, petroleum products, or any other pollutants during your tenancy, operation and/or ownership of the facility(ies)/property(ies)? If YES, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	Has your facility ever had a leak, spill, release or discharge (reportable or not) of any kind of any hazardous substances, hazardous waste, petroleum products, or any other pollutants prior to your tenancy, operation and/or ownership of the facility(ies)/property(ies)? If YES, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	Are all facilities that are referenced as a part of this application in compliance with all current Federal, state, and local environmental laws and regulations? If NO, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been a party to any pollution-related claims, lawsuits citations, or complaints? If YES, please describe. _____
<input type="checkbox"/>	<input type="checkbox"/>	Are there liens on any properties contemplated under this application? If YES, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever received a citation from any regulatory agency at any time? If YES, please describe. _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever at anytime been prosecuted for violation of any law, regulation, or ordinance related to a release from the site of any substance into sewer, watercourse, and air or onto land? If YES, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	Has any claim, demand, suit or incident report been made at any time related to a pollution release from the site? If YES, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	Are you aware of any circumstances that could result in a claim or demand under this policy? If YES, please describe. _____
<input type="checkbox"/>	<input type="checkbox"/>	Have there ever been any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants, as defined by applicable environmental, Federal, State or local statutes or regulations prior to or during your tenancy, operation and/or ownership of the facility(ies)/property(ies)? If YES, please describe.

SECTION V. Covered Location(s)

Please copy and submit for **EACH** location
Attach separate sheets, if necessary

Loc # _____	Age of facility:	Name:	Contact Name:
		Address: City, State, Zip:	Contact Phone #:

YES **NO** Have any Environmental Site Assessments been performed at this location? **If YES, attach copies.**

Description of current operations:

Provide site history including all past land use and the time period for each:

Provide a list of additional occupants on this property (owned or leased):

Provide description of adjacent properties:	North:	East:
	South:	West:

Identify nearby surface water bodies including approximate distances (i.e., streams, lakes, wetlands):

Describe any protected environments in the area or sensitive receptors (parks, wildlife preserves, etc.) or areas where children may frequent:

Identify any surface or groundwater uses in the area (drinking wells, etc.)

Is public water and sewer available? **YES** **NO**

Provide information on any mandatory or voluntary monitoring performed at this location:
Permits and Ground Water Monitoring: POTW NPDES AIR Storm water Other _____ (please describe)
On-site ground water monitoring wells? **YES** **NO** **If YES, how many?** _____

Provide monitoring results from past 4 samples and a map showing the location of the wells and groundwater flow direction.

Describe all past storage or disposal practices at the site including any on site disposal:

Is any type of waste treated, processed, separated, or stored at this location? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide the following	Type of waste:	
	Maximum amount of waste processed per day:	
	Maximum amount of waste stored at any one time:	
	Identification of effluent discharge points for waste water and storm water:	
	Description of waste treatment operation:	
	Are emergency procedures in place? YES <input type="checkbox"/> NO	
Are daily operation procedures in place? YES <input type="checkbox"/> NO		

Is there a landfill on site? YES <input type="checkbox"/> NO If yes, provide the following:	Active landfill? YES <input type="checkbox"/> NO	Type of waste collected::
	Closed landfill? YES <input type="checkbox"/> NO	Acreage:
	Vacant land? YES <input type="checkbox"/> NO	
	Is the landfill lined? YES <input type="checkbox"/> NO If yes, provide the type and thickness of the liner:	
	Is there a leachate collection system in place? YES <input type="checkbox"/> NO If yes, provide the amount of leachate produced annually.	
	Are emergency procedures in place? YES <input type="checkbox"/> NO	
Are daily operation procedures in place? YES <input type="checkbox"/> NO		

RAW/HAZARDOUS MATERIALS USED OR STORED ON-SITE (solvents, reactants, etc.): Check here if this section does not apply.

DESCRIPTION	QUANTITY PER YEAR	QUANTITY ANY ONE TIME	STORAGE TYPE (E.G., DRUM, ETC)	SECONDARY CONTAINMENT

WASTE SENT OFF SITE: Check here if this section does not apply.

TYPE OF WASTE	MODE OF TRANSPORT	QUANTITY	DISPOSAL SITE/WASTE TRANSFER FACILITY
			Name: Address: City, State, Zip:
			Name: Address: City, State, Zip:
			Name: Address: City, State, Zip:

STORAGE TANKS ON-SITE: Check here if this section does not apply.

TANK # or NAME	CONTENTS (*2)	CONSTRUCTION (*1)	CAPACITY (gallons)	YEAR INSTALLED	AST or UST	AST SECONDARY CONTAINMENT
<i>Example</i>	<i>Diesel</i>	<i>Bare Steel</i>	<i>5,000</i>	<i>1999</i>	<i>AST</i>	<i>110% Volume – Poured Concrete</i>

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

*1 TANK/PIPING CONSTRUCTION MATERIALS			*2 CONTENTS			
D/W	=	Double Walled 2 nd Containment	R	=	Regular Gasoline	Other: Please specify below
F/S	=	FRP/Steel Comp.	U	=	Unleaded	
STI	=	STI-P3	WO	=	Waste Oil	
FRP	=	Single Walled FRP	D	=	Diesel	
CP/S	=	Cathodically Protected Steel	NO	=	New Oil	
S	=	Coated Bare Steel	HO	=	Heating Oil	

NOTICE TO APPLICANT-PLEASE READ CAREFULLY

REPRESENTATIONS AND WARRANTIES

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of my knowledge and that no material fact has been omitted or misstated. 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 change, 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 purchase or the insurer to provide the insurance. Acceptance of the applicant by the company is required prior to quotation or binding of coverage or the issuance of a policy. It is agreed that this application and the reliance upon its contents shall be the basis of the issuance of a policy and shall be attached and made part of said policy.

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY SUBMITS AN APPLICATION OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE SUBJECT TO CIVIL OR CRIMINAL PENALTIES.

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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, WHICH IS A CRIME.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA, MAINE, TENNESSEE, AND VIRGINIA 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 A DENIAL OF INSURANCE BENEFITS.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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 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 LOUISIANA AND 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 MARYLAND APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/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 NEW JERSEY 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 SUCH VIOLATION.

NOTICE TO OKLAHOMA APPLICANTS: 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 AND TEXAS APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.

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. A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED.

I HAVE READ AND FULLY UNERSTAND THE QUESTIONS AND MY ANSWERS ON THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF ANY OF THE RESPONSES THAT ARE MATERIAL TO THE RISK ASSUMED (AS WELL AS ATTACHED TO THIS APPLICATION), MAY CAUSE THIS POLICY TO BECOME NULL AND VOID AND/OR MAY GIVE RISE TO RESCISSION OF THE POLICY.

Applicant's Signature: _____	Applicant's Printed Name: _____
Applicant's Title: _____	Date: _____
Producer Name: _____	Producer Address: _____
Producer Phone Number: _____	Producer Fax Number: _____