



PREMISES ENVIRONMENTAL AND REMEDIATION LIABILITY INSURANCE APPLICATION

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY** OR **COLONY SPECIALTY INSURANCE COMPANY** AN AUTHORIZED SURPLUS LINES INSURER.

1 - APPLICANT INFORMATION **Contact Person:**

1 st Named Insured:		Name:	
Mailing Address:		Title:	
City / State / Zip:		Phone:	

Company is an: Individual Partnership Corporation Joint Venture Other (describe): _____
 Year Established: _____ Website: _____ Date of Application: _____

Please provide the following with this application for fast and accurate processing:

- Three (3) years currently valued environmental loss runs
- Current Income Statement and Balance Sheet
- Copies of Relevant Permits and Variances
- Any Environmental Reports within five (5) years
- Applicant's Pollution Prevention and H&S Protocols
- Copies of expiring Dec Pages, Schedules and Endos

2 - REQUESTED COVERAGE

- a. Proposed Effective Date: _____ Term of Policy Desired: 1 yr 2 yr 3 yr 4 yr 5 yr
- b. Limits of Liability Requested - Each Pollution Condition: _____ Aggregate Limit: _____
- c. Deductible or SIR Requested: Deductible: _____ -- or -- SIR: _____
- d. Coverage Requested: New Pollution Conditions Pre-Existing Pollution Conditions
 (check all that apply) Including On-site Cleanup Costs Third Party BI, PD and Off-site Clean-up
 Sudden and Gradual Coverage Time Element / Sudden & Accidental Only
- e. Other: Transportation Pollution Non-Owned Waste Disposal Non-Owned Locations Mold
 Business Interruption due to pollution Contractors Pollution Liability Products Pollution

3 - CURRENT AND PRIOR COVERAGE Not Applicable

- a. Has Applicant carried any Premises Environmental Liability coverage for their sites in the past? Yes No
 If Yes, please provide coverage dates: _____ To: _____
- b. Has coverage ever been declined, non-renewed, cancelled and/or lapsed in the prior five (5) years? Yes No
 (Missouri Applicants - do not answer this question)

If Yes, explain:

c. Please provide the following for your prior Premises Environmental Liability coverage policies (as applicable*):

Carrier	Coverage Type	Effective Date	Limit of Liability		Deductible / SIR	Retroactive Date	Premium
			Each	Agg			

* Provide copies of all expiring policy documents confirming Locations, Retroactive Dates, Deductibles, Exclusions, etc.

4 - OPERATIONS AND ACTIVITIES

Briefly describe the nature of your business operations and the activities conducted at your locations:

5 - ADDITIONAL NAMED INSUREDS and RELATED ENTITIES

List all requested Named Insureds to be included on the Pollution Liability Policy (*supplement as necessary*).

Entity	Description of Operations or Insurable Interest

6 - GROSS REVENUES

Provide Insured's annual Gross Revenues – include revenues from all business operations:

Period	Gross Revenues	% Foreign
Projected Gross Revenue (next twelve (12) months):	\$	%
Actual Revenue 1st Prior Year (last twelve (12) months):	\$	%

7 - LOSS CONTROL AND RISK MANAGEMENT

a. Do you implement any form of environmental management system or plan at your facilities? Yes No
 If Yes, describe. **An Environmental Management System (EMS) or Plan is a set of practices and procedures that help a company identify and reduce environmental risks and help ensure compliance with environmental regulations.*

b. Do you employ an in-house environmental Risk Manager who is responsible for identifying and managing environmental risks at your facilities and across your organization? If Yes, describe: Yes No

c. Do you engage 3rd party experts to assist your organization in evaluating and managing the environmental risks at your facilities and across your organization? If Yes, describe: Yes No

d. Do you conduct regular and periodic compliance audits of your facilities to evaluate adherence to your various environmental risk management plans and procedures? Yes No

e. Do your personnel receive regular and periodic training on your environmental risk management plans and procedures? Yes No

8(a) - SCHEDULED SITE – This section to be completed separately for each Scheduled Site to be insured.

A Scheduled Site is a contiguous property or collection of adjoining lots not separated by a dedicated roadway or body of water.

** For multiple properties, complete a *PEARL Supplemental Application - Additional Scheduled Site* for each location **

Street Address(es), Suite #, City, State, Zip (Include all street addresses encompassed by the contiguous property comprising the Scheduled Site)	Acreage	Description of the Current and Intended Site Operations	Date Your Occupancy Began

1. List and describe all structures on the property of the Scheduled Site:

2. Identify all additional occupants at this property (owners, lessees or tenants) and the nature of their operations:

3. Describe the site history, including all known past land use and the time period for each operation:

4. Identify all known past storage or disposal practices at the site including any onsite disposal:

5. Has fill material ever been used at the Scheduled Site? Yes No

6. Have dry cleaning operations ever been conducted at the Scheduled Site? Yes No

If Yes, during what time periods: _____

7. Is there a septic system or leach field located at the Scheduled Site? Yes No

8. Is the Scheduled Site serviced by public potable water and sewer systems? Yes No

9. Are there any wells (drinking water, irrigation, monitoring, etc.) located on the Scheduled Site? Yes No

If Yes, describe: _____

10. Are there any dry wells or oil/water separators located at the Scheduled Site? Yes No

If Yes, describe: _____

11. Are there plans to perform development or construction activities involving excavation, grading or trenching (foundations, pads, utilities, piping, pits, tanks, etc.) at the Scheduled Site? Yes No

If Yes, describe: _____

8(b) - SURROUNDING ENVIRONMENT

1. Describe the nature, use and operations of adjacent properties:

North: _____ East: _____

South: _____ West: _____

2. Are there any protected environments (open space, nature reserves, etc.) or sensitive receptors (schools, playgrounds, daycares, elderly housing, convalescent facilities, etc.) in the area? Yes No

If Yes, describe: _____

3. Identify all nearby surface water bodies including their approximate distance (streams, lakes, wetlands, etc.):

4. Are there any public or private potable or drinking water wells in the surrounding area? Yes No

If Yes, describe: _____

8(c) - ENVIRONMENTAL ACTIVITIES

1. Has any Environmental Assessment or testing of the Scheduled Site ever been conducted? Yes No
(This includes Phase I or Phase II reports, or testing of soil, groundwater, surface water, air, effluent or materials.)
If Yes, describe below and provide copies for review.
2. Has remediation or monitoring of soil, water or air ever taken place at the Scheduled Site? Yes No
If Yes, describe below and provide copies for review.
3. Do the operations at the Scheduled Site require any environmental permits? Yes No
If Yes, are you in compliance with all applicable permits? Yes No
Describe below and provide copies of all permits and applicable parameters for review.
4. Are there plans to conduct any environmental assessment, investigation or testing at the Site? Yes No
If Yes, describe: _____
5. Has any building or structure at Site been tested for asbestos, lead-based paint, radon or mold? Yes No
If Yes, describe below and provide copies for review.

8(d) - WASTE AND HAZARDOUS MATERIALS

Does this property generate, handle, store, treat or dispose of any waste or hazardous materials? Yes No
If Yes, please complete the following (or provide supplemental documentation as necessary):

1. Type of waste or hazardous materials: _____
2. If the Scheduled Site is designated by the EPA as a Hazardous Waste Generator, indicate which category:
 Very Small Quantity Generator (VSQG); Small Quantity Generator (SQG); Large Quantity Generator (LQG)
3. Describe the on-site storage practices and storage areas: _____
4. Describe the waste treatment operations, if any: _____
5. Maximum daily quantity of waste or materials processed, if any: _____
6. Describe the waste disposal methods used: _____
7. Identify effluent discharge points for wastewater and storm water: _____

8(e) - VIOLATIONS

1. During the last five (5) years has this Scheduled Site been found in violation of any environmental regulations, standards, permits or laws relating to a release of a substance into the environment? Yes No
If Yes, please provide details of the violation and its resolution:

8(f) - LANDFILL

1. Is there, or has there ever been a landfill located at the Scheduled Site? Yes No
If Yes, describe the type of waste accepted: _____
2. Acreage: Active Landfill: _____ Closed Landfill: _____ Vacant Land: _____

Note: If landfill exposures exist, a Supplemental Application will be required.

8(g) - STORAGE TANKS

Are there any Above Ground or Underground Storage Tanks present at the Scheduled Site? Yes No

If Yes, complete the below schedule of tanks (utilize the Key below for Construction, Containment and Monitoring info):

Note: This policy excludes Underground Storage Tanks unless scheduled with proper underwriting information.
 If coverage for USTs is required, please also provide the most recent integrity (tightness) testing for consideration.

Above Ground Storage Tank Designation No.	Tank Construction	Tank Size (Gals.)	Age	Date of Installation	Contents	Secondary Containment	Tank Leak Detection Method (monthly monitoring)	Date & Results of Last Testing

Underground Storage Tank Designation No.	Tank Construction	Tank Size (Gals.)	Age	Date of Installation	Contents	Secondary Containment	Tank Leak Detection Method (monthly monitoring)	Date & Results of Last Testing

<p>Construction Codes</p> <p><u>FRP</u> = Fiberglass (e.g., Owens-Corning)</p> <p><u>CPS</u> = Steel tank with cathodic protection – NOT retrofit (e.g., STI-P3)</p> <p><u>FCS</u> = Steel clad with or enclosed (jacketed) in fiberglass (e.g., Act-100)</p> <p><u>FLX</u> = Flexible piping</p> <p><u>IL</u> = Steel tank retrofitted with interior lining</p> <p><u>IC</u> = Steel tank retrofitted with cathodic protection (impressed current)</p> <p><u>BS</u> = Bare Steel</p> <hr/> <p>Secondary Containment (Diking) Codes</p> <p><u>A</u> = Poured Concrete</p> <p><u>B</u> = Earthen berm with liner</p> <p><u>C</u> = Earthen berm without liner</p> <p><u>D</u> = Other - Describe</p>	<p>Tank Leak Detection Methods (Monthly Monitoring)</p> <p><u>ATG</u> = Automatic tank gauging/monitoring with monthly leak test</p> <p><u>IM</u> = Interstitial monitoring (double walled system) - electronic sensor or monthly inspection of annular space</p> <p><u>VM</u> = Vapor monitoring wells used to look for vapors in soil. Indicate number of wells.</p> <p><u>GWM</u> = Ground water monitoring wells used to detect liquid product floating in water. Indicate: Number of wells; Frequency of sampling; Any petroleum detected (Y/N)</p> <p><u>SIR</u> = Statistical inventory reconciliation of data sent to an outside vendor for analysis every 30 days</p> <p><u>IC/TTT</u> = Inventory control with tank tightness testing every 5 years. Daily “stick” measurements recorded and reconciled monthly. ONLY VALID FOR 10 YEARS AFTER INSTALLATION OF TANK.</p> <p><u>Manual</u> = Manual tank gauging alone may only be used for tanks 1000 gallons or less capacity</p> <p><u>Manual w/ Tightness Test</u> = Manual tank gauging with tank tightness testing every 5 years may only be used for tanks 2000 gallons or less capacity. ONLY VALID FOR 10 YEARS AFTER INSTALLATION.</p>
---	--

9 - GENERAL INFORMATION - For any "Yes" answers, please provide further explanation below.

- a. Has the applicant or any affiliated, related predecessor entity ever been (or currently is) the subject of bankruptcy, reorganization, solvency, dissolution or other debtor related proceedings and/or has made assignment for the benefit of creditors? Yes No
- b. Has the applicant, officer, or director of the applicant or any affiliated, related predecessor entity or owner ever been convicted of a crime? Yes No
- c. Has the applicant acquired, merged, sold, or dissolved any other entities the last five (5) years? Yes No

If you have answered Yes to any of these questions above, please provide details:

10 - CLAIMS

- a. Describe all known pollution related claims or incidents which have occurred at this Scheduled Site.

If *None*, so state:

- b. 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 any of the coverages being sought on this policy? Yes No

If Yes, please provide details:

This Application incorporates all Supplemental Applications to be submitted in support of the application process.

FRAUD WARNING

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE FRAUD WARNING. I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

SIGN AND DATE

APPLICANT'S PRINTED NAME	TITLE
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE