

# Application

## POLLUTION LEGAL LIABILITY

EIL-PLL



### INSTRUCTIONS

- 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 IN ORDER TO ANSWER ANY OF THE QUESTIONS IN THIS APPLICATION.
- ONCE THIS APPLICATION IS RECEIVED, A MEMBER OF OUR STAFF WILL CONTACT PERSON(S) YOU PROVIDED IN SECTION A IN ORDER TO CONTINUE THE APPLICATION PROCESS, IF ADDITIONAL INFORMATION IS REQUIRED OR MISSING.
- THIS APPLICATION SHOULD BE COMPLETED WITH THE ASSISTANCE OF THE SENIOR ENVIRONMENTAL EMPLOYEE ON THE COMPANY'S SITE.
- ATTACH AS MUCH INFORMATION AS YOU CAN OBTAIN FROM YOUR SITE CONTACT (I.E. SITE DIAGRAM, SPILL CONTROL PLAN, LIST OF TANKS AND CAPACITIES, LIST OF RAW MATERIALS/QUANTITIES, POLLUTION CONTROL PLAN, EMERGENCY RESPONSE PLAN, ENVIRONMENTAL TRAINING SCHEDULE, COPIES OF PERMITS, ETC.).
- COMPLETE THE QUESTIONNAIRE TO THE BEST OF YOUR ABILITY. IF YOU CANNOT ANSWER A QUESTION, STATE THAT THERE WAS NOT ENOUGH INFORMATION, NO ONE ON-SITE KNEW THE ANSWER, OR CONTACT US FOR ASSISTANCE.

DATE: \_\_\_\_\_ COMPLETED BY: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ COMPANY WEBSITE: \_\_\_\_\_

NAMED INSURED IS A:     PARTNERSHIP                       CORPORATION                       JOINT VENTURE                       OTHER

DESCRIPTION OF PRINCIPAL OPERATIONS: \_\_\_\_\_

\_\_\_\_\_

- Describe the principal business at this location.
- Ask account contact if they have anything in writing describing their operations (Brochures, Marketing Materials, etc.).
- Ask contact for a site plan/site diagram and attach, if available.

### PLEASE COMPLETE THE QUESTIONS BELOW WHEN REQUESTING THE FOLLOWING COVERAGE(S):

COVERAGE A	DISCOVERY OF PRE-EXISTING CONDITIONS - ON-SITE CLEANUP
COVERAGE B	DISCOVERY OF NEW CONDITIONS - ON-SITE CLEANUP
COVERAGE C	THIRD-PARTY CLAIMS FOR ON-SITE CLEANUP OF PRE-EXISTING CONDITIONS
COVERAGE D	THIRD-PARTY CLAIMS FOR ON-SITE CLEANUP OF NEW CONDITIONS
COVERAGE E	THIRD-PARTY CLAIMS FOR ON-SITE PROPERTY DAMAGE
COVERAGE F	THIRD-PARTY CLAIMS FOR ON-SITE BODILY INJURY
COVERAGE G	THIRD-PARTY CLAIMS FOR OFF-SITE CLEANUP OF PRE-EXISTING CONDITIONS
COVERAGE H	THIRD-PARTY CLAIMS FOR OFF-SITE CLEANUP OF NEW CONDITIONS
COVERAGE I	THIRD-PARTY CLAIMS FOR OFF-SITE PROPERTY DAMAGE
COVERAGE J	THIRD-PARTY CLAIMS FOR OFF-SITE BODILY INJURY

1. SITE HISTORY: DESCRIPTION OF PAST OCCUPANCIES & LAND USE. \_\_\_\_\_

\_\_\_\_\_

2. SURROUNDING ENVIRONMENTAL & LAND USE: DESCRIBE THE SURROUNDING ENVIRONMENT / LAND USE AND PROXIMITY TO ALL INDUSTRIAL COMPLEXES, WAREHOUSES, PARKING LOT, SCHOOLS, RESIDENTIAL PROPERTIES, PUBLIC BUILDINGS, FARMLAND, VACANT LAND, LANDFILLS, DRUM STORAGE AREA, SENSITIVE HABITATS, WATERWAYS, DRINKING WELLS, ETC:

\_\_\_\_\_

3. HOW LONG HAS YOUR COMPANY OCCUPIED THIS SITE? \_\_\_\_\_

### 4. DESCRIBE THE EXISTING OPERATIONAL FACILITIES

- SIZE OF PROPERTY \_\_\_\_\_
- SANITARY WASTE WATER FACILITIES \_\_\_\_\_
- LAND SURFACE (E.G., VEGETATION, ASPHALT, CONCRETE) \_\_\_\_\_
- SUPPORT FACILITIES (E.G, MACHINE SHOPS, MAINTENANCE SHOPS, ETC.) \_\_\_\_\_
- NUMBER OF BUILDINGS - SIZE, TYPE OF CONSTRUCTION, ETC. \_\_\_\_\_
- MANUFACTURING AND PRODUCTION OPERATIONS \_\_\_\_\_

• UNDERGROUND PROCESS PIPING, TRENCHES, SUMPS, PITS, DRY WELLS\_\_\_\_\_

• UNDERGROUND STORAGE TANKS\_\_\_\_\_

**5. DESCRIPTION OF THE CONTAINER/DRUM STORAGE AREAS:**

• HOW MANY STORAGE AREAS ARE THERE ON-SITE?\_\_\_\_\_

• WHAT ARE THE QUANTITIES STORED ON-SITE?\_\_\_\_\_

• WHAT TYPE OF SECONDARY CONTAINMENT IS PROVIDED FOR THE CONTAINER/DRUM STORAGE AREAS?  
(I.E. EARTHEN DIKES, CONCRETE DIKES, LINERS, LEAK/SPILL DETECTION SENSORS, ETC.)

**6. DESCRIPTION OF THE ABOVEGROUND STORAGE TANK AREAS:**

• HOW MANY ABOVEGROUND TANKS ARE THERE ON-SITE?\_\_\_\_\_

• WHAT IS THE COMBINED TANK CAPACITY OF ALL THE ABOVEGROUND TANKS?\_\_\_\_\_

• WHAT DO THE ABOVEGROUND STORAGE TANKS CONTAIN (ATTACH A LIST OF ALL ABOVEGROUND TANKS AND THEIR CONTENTS IF AVAILABLE)?

• WHAT IS THE TANK CONSTRUCTION OF THE ABOVEGROUND STORAGE TANKS?\_\_\_\_\_

• WHAT IS THE AGE OF THE ABOVEGROUND STORAGE TANKS?\_\_\_\_\_

• WHAT TYPE OF SECONDARY CONTAINMENT IS PROVIDED AROUND EACH TANK? (I.E. EARTHEN DIKES, CONCRETE DIKES, LINERS, LEAK/SPILL DETECTION SENSORS, ETC.)

• ARE TANK/VESSEL INSPECTIONS CONDUCTED PERIODICALLY TO ENSURE THE TANKS ARE IN GOOD CONDITION AND NOT LEAKING?  
YES [ ] NO [ ] If "Yes", who conducts the tank/vessel inspections?

• ARE THE TANK/VESSEL INSPECTIONS DOCUMENTED? YES [ ] NO [ ]

• WHEN WERE THE LAST TANK/VESSEL INSPECTIONS CONDUCTED ( ATTACH COPY O F T HE LAST TANK/VESSEL INSPECTION)?

**7. HAVE ANY ENVIRONMENTAL SURVEYS, AUDITS OR INVESTIGATION BEEN CONDUCTED AT THE SITE WITHIN THE PAST FIVE YEARS?** YES [ ] NO [ ]  
If "Yes", please forward a copy.

**8. HAS THERE BEEN ANY PREVIOUS POLLUTION EVENTS ON THE SITE (I.E SPILLS, RELEASES, FIRES, EXPLOSIONS)?** YES [ ] NO [ ]  
If "Yes", please provide available documentation

**9. IS THERE ANY EXISTING SOIL OR GROUNDWATER CONTAMINATION ON-SITE?** YES [ ] NO [ ] If "Yes", please provide available documentation

**10. ARE THERE ANY ONGOING/PLANNED SOIL OR GROUNDWATER REMEDIATION PROJECTS AT THE SITE?** YES [ ] NO [ ]  
If "Yes", please describe each project, indicating the availability design documents, government agencies involved, public participation, schedule for project completion, estimated costs.

**11. ARE THERE ANY ENVIRONMENTAL LAWSUITS PENDING AGAINST THE SITE?** YES [ ] NO [ ] If "Yes", please provide available documentation

**12. ARE THERE ANY ON-SITE GROUNDWATER MONITORING WELLS?** YES [ ] NO [ ]

• IF "YES", HOW MANY WELLS ARE THERE ON SITE?\_\_\_\_\_

• WHY WERE THE MONITORING WELLS INSTALLED?\_\_\_\_\_

• HOW OFTEN ARE SAMPLES TAKEN AND ANALYZED?\_\_\_\_\_

• WHO CONDUCTS THE SAMPLING?\_\_\_\_\_

ANY GROUNDWATER PROBLEMS NOTED TO DATE? YES [ ] NO [ ]

• DESCRIBE ANY KNOWN GROUNDWATER PROBLEMS ON-SITE:\_\_\_\_\_

• WHAT IS THE DIRECTION OF THE GROUNDWATER FLOW AT THE SITE?\_\_\_\_\_

• DESCRIBE ANY KNOWN GROUNDWATER PROBLEMS OFF-SITE:\_\_\_\_\_

**13. DESCRIBE THE TYPES OF RAW MATERIALS (SOLIDS AND LIQUIDS) STORED ON-SITE:**

• DESCRIBE THE QUANTITIES OF RAW MATERIALS STORED ON-SITE:\_\_\_\_\_

• DESCRIBE THE METHOD OF RAW MATERIAL STORAGE ON-SITE:\_\_\_\_\_

• DESCRIBE THE ENVIRONMENTAL CONTROLS UTILIZED TO CONTROL THE VARIOUS TYPES OF RAW MATERIALS STORED ON-SITE  
(I.E. TANKS, DIKES, PHYSICAL BARRIERS, DUST CONTROL PROCEDURES, ETC.):\_\_\_\_\_

• HOW MUCH OF THE RAW MATERIALS ARE USED ANNUALLY?\_\_\_\_\_

14. IS ANY WASTE CURRENTLY DISPOSED ON-SITE? YES [ ] NO [ ] N/A [ ] If "Yes", please provide the following

- TYPE \_\_\_\_\_
- NUMBER OF YEARS WASTE HAS BEEN STORED ON-SITE \_\_\_\_\_
- AMOUNT \_\_\_\_\_
- METHOD OF STORAGE (LANDFILL, SURFACE IMPOUNDMENT, DEEP WELL INJECTION, INCLUDING DEPTH, INCINERATION, OTHER. \_\_\_\_\_
- MATERIALS OR RAW WASTE? \_\_\_\_\_
- DOES THE SITE HAVE A WASTE PERMIT \_\_\_\_\_
- HAZARD CLASS/REGULATORY STATUS \_\_\_\_\_
- CONSTRUCTION, AGE, AND MAINTENANCE \_\_\_\_\_

15. DOES THE FACILITY HAVE A WASTEWATER PERMIT? YES [ ] NO [ ] N/A [ ]

- WHAT TYPES OF WASTEWATER DOES THE FACILITY PRODUCE (I.E. STORMWATER RUNNOFF, PROCESS WATER, ETC.)?
- DESCRIBE THE WASTEWATER TREATMENT PROCESS (ATTACHED INFORMATION FROM THE CLIENT, IF AVAILABLE).
- WHERE DOES THE COMPANY DISCHARGE ITS WASTEWATER?
  - PUBLIC TREATMENT FACILITY? YES [ ] NO [ ] N/A [ ]
  - PUBLIC STORM WATER SYSTEM? YES [ ] NO [ ] N/A [ ]
  - LAKE? YES [ ] NO [ ] N/A [ ]
  - RIVER? YES [ ] NO [ ] N/A [ ]
  - STREAM? YES [ ] NO [ ] N/A [ ]
  - LAGOON? YES [ ] NO [ ] N/A [ ]
  - DEEP WELL INJECTION? YES [ ] NO [ ] N/A [ ]
  - OTHER: YES [ ] NO [ ] N/A [ ]
- HAS THE FACILITY EVER EXCEEDED PERMIT LIMITS YES [ ] NO [ ] N/A [ ]

If the company has ever exceeded its Wastewater Permit, describe the instances when the permit was exceeded (i.e. chemicals, etc.):

16. DOES THE COMPANY HAVE AN AIR PERMIT AT THIS SITE? YES [ ] NO [ ] N/A [ ]

- ARE THERE ANY AIR MONITORING/CONTROL SYSTEMS ON-SITE? YES [ ] NO [ ]
- If "Yes", describe the air monitoring systems on-site:
- HAS THE FACILITY EXPERIENCED ANY AIR PROBLEMS (INDOOR OR OUTDOOR)? YES [ ] NO [ ]
- If "Yes", describe these air problems mentioned by management:

17. DOES THE FACILITY HAVE ANY OTHER ENVIRONMENTAL PERMITS? YES [ ] NO [ ] N/A [ ]

If "Yes", describe the other permits:

18. ARE THERE ANY REQUIREMENTS OR PLANS TO INSTALL OR UPGRADE AIR POLLUTION CONTROL DEVICES OR WASTEWATER TREATMENT EQUIPMENT?

YES [ ] NO [ ] N/A [ ] If "Yes", please provide available documentation describing the equipment to be installed or upgraded and the reason for the project.

19. HAS THE FACILITY RECEIVED ANY NOTICES OF VIOLATION? YES [ ] NO [ ] N/A [ ]

- If "Yes", what fines were levied against the company?
- What steps were taken to correct the problems?

20. HAS THE FACILITY RECEIVED ANY CONSENT ORDERS? YES [ ] NO [ ] N/A [ ]

- If "Yes", what fines were levied against the company?
- What steps were taken to correct the problems?

21. HAS THE FACILITY RECEIVED ANY OTHER ENVIRONMENTAL VIOLATIONS? YES [ ] NO [ ] N/A [ ]

- If "Yes", what fines were levied against the company?
- What steps were taken to correct the problems?

22. DOES THE COMPANY HAVE ANY OF THE FOLLOWING PLANS?

- IS THERE AN EMERGENCY RESPONSE PLAN IN PLACE? YES [ ] NO [ ] If "Yes", please attach a copy
- IS THERE A SPILL CONTROL PLAN IN PLACE? YES [ ] NO [ ] If "Yes", please attach a copy
- IS THERE FIRE PROTECTION PROGRAM IN PLACE? YES [ ] NO [ ]
- IS THERE AN ON-SITE EMERGENCY RESPONSE TEAM: YES [ ] NO [ ]
- If "Yes", what is the experience and training of the team members?

PLEASE COMPLETE THE QUESTIONS BELOW WHEN REQUESTING THE FOLLOWING COVERAGE(S):

COVERAGE K	THIRD-PARTY CLAIMS FOR OFF-SITE BODILY INJURY, PROPERTY DAMAGE OR CLEANUP COSTS - NON-OWNED DISPOSAL SITE
COVERAGE L	THIRD-PARTY CLAIMS FOR ON-SITE CLEANUP COSTS - NON-OWNED LOCATIONS
COVERAGE M	POLLUTION RELEASE FROM TRANSPORTED CARGO CARRIED BY COVERED AUTOS
COVERAGE N	THIRD-PARTY CLAIMS FROM TRANSPORTATION OF A PRODUCT OF WASTE

1. HAS WASTE HISTORICALLY BEEN TRANSPORTED & DISPOSED OF OFF-SITE? YES [ ] NO [ ] N/A [ ] If "Yes", please provide the following:

- WHAT TYPE OF OFF-SITE WASTE DISPOSAL/TREATMENT FACILITY DOES THE COMPANY USE?
  - LANDFILL YES [ ] NO [ ] N/A [ ]
  - SURFACE IMPOUNDMENT YES [ ] NO [ ] N/A [ ]
  - DEEP WELL INJECTION YES [ ] NO [ ] N/A [ ]

• WASTE INCINERATION YES [ ] NO [ ] N/A [ ]

- OTHER \_\_\_\_\_
- NAME AND ADDRESS OF THE DISPOSAL/TREATMENT FACILITIES USED \_\_\_\_\_
- DESCRIPTION ON THE TYPE OF MATERIAL DISPOSED \_\_\_\_\_
- QUANTITY \_\_\_\_\_
- DOES THE DISPOSAL SITE HAVE A WASTE PERMIT \_\_\_\_\_

**2. ARE 3rd PARTY CARRIER TO TRANSPORT WASTE OR PRODUCTS OFF-SITE?**

- PROVIDE THE NAMES AND ADDRESS OF THE 3RD PARTY CARRIER \_\_\_\_\_
- TYPE OF MATERIAL TRANSPORTED \_\_\_\_\_
- AMOUNT OF MATERIAL \_\_\_\_\_
- NUMBER OF TRIPS/YEAR \_\_\_\_\_
- DISTANCE/TRIP \_\_\_\_\_
- DOES THE 3rd PARTY CARRIER LOAD OR UNLOAD THE MATERIAL? YES [ ] NO [ ] N/A [ ] If "Yes", please provide the following: \_\_\_\_\_
- TRANSPORTER SELECTION PROCEDURES \_\_\_\_\_
- DOES THE TRANSPORTER HAVE INSURANCE COVERAGE? IF SO WHAT TYPE? \_\_\_\_\_
- IS THE COMPANY NAMED AS ADDITIONAL INSURED ON THE POLICY? \_\_\_\_\_

**3. ARE NON-OWNED LOCATIONS USED TO STORE PRODUCTS?**

- PROVIDE THE NAMES AND ADDRESS OF THE 3RD PARTY LOCATIONS \_\_\_\_\_
- TYPE OF MATERIAL STORED \_\_\_\_\_
- AMOUNT OF EACH MATERIAL \_\_\_\_\_
- PACKAGING FOR MATERIAL \_\_\_\_\_
- DESCRIPTION OF FACILITIES (FLOORING, STORAGE FACILITIES, SECONDARY CONTAINMENT STRUCTURES, FIRE PROTECTION, SPECIAL HANDLING PROCEDURES) \_\_\_\_\_

- ARE THERE DEDICATED AREAS FOR YOUR PRODUCTS? \_\_\_\_\_
- ARE THERE ANY KNOWN ENVIRONMENTAL LIABILITIES AT THE 3RD PARTY LOCATIONS? \_\_\_\_\_
- DO THE 3RD PARTY LOCATIONS HAVE INSURANCE COVERAGE? IF SO WHAT TYPE? \_\_\_\_\_
- ARE THE OWNERS OF THE 3RD PARTY LOCATIONS ADDITIONAL INSURED ON THE POLICY? \_\_\_\_\_

**4. DO YOU TRANSPORT PRODUCTS OFF-SITE?**

YES [ ] NO [ ] N/A [ ] If "Yes", please provide the following:

- DESCRIPTION ON THE TYPE OF PRODUCTS TRANSPORTED \_\_\_\_\_
- QUANTITY \_\_\_\_\_
- HOW IS THE PRODUCT SHIPPED? \_\_\_\_\_
- CONTAINERS, DRUMS, BULK, ETC \_\_\_\_\_
- TRAILER, ROLLING STOCK, SHIP, ETC. \_\_\_\_\_
- WHO PERFORMS THE LOADING AND UNLOADING? \_\_\_\_\_
- NUMBER OF TRIPS/YEAR \_\_\_\_\_
- DISTANCE/TRIP \_\_\_\_\_
- DRIVER TRAINING PROCEDURES \_\_\_\_\_
- DRIVER SELECTION PROCEDURES AND DRIVER RECORD REVIEW \_\_\_\_\_

**PLEASE COMPLETE THE QUESTIONS BELOW WHEN REQUESTING THE FOLLOWING COVERAGE:**  
 COVERAGE UNDERGROUND STORAGE TANKS

**1. DESCRIPTION OF THE UNDERGROUND STORAGE TANK AREAS:**

- HOW MANY UNDERGROUND STORAGE TANKS ARE THERE ON-SITE? \_\_\_\_\_
- WHAT IS THE COMBINED TANK CAPACITY OF ALL THE UNDERGROUND STORAGE TANKS? \_\_\_\_\_
- WHAT DO THE UNDERGROUND STORAGE TANKS CONTAIN (ATTACH A LIST OF ALL ABOVEGROUND TANKS AND THEIR CONTENTS IF AVAILABLE)? \_\_\_\_\_

- WHAT IS THE TANK CONSTRUCTION OF THE UNDERGROUND STORAGE TANKS? \_\_\_\_\_
- WHAT IS THE AGE OF THE TANKS? \_\_\_\_\_
- IS LEAK DETECTION PROVIDED FOR EACH STORAGE TANK? YES [ ] NO [ ]  
If "Yes", what type of leak protection is provided for the underground storage tanks?
- ARE TANK/VESSEL INSPECTIONS CONDUCTED PERIODICALLY TO ENSURE THE TANKS ARE IN GOOD CONDITION AND NOT LEAKING?  
YES [ ] NO [ ] If "Yes", who conducts the tank/vessel inspections?
- ARE THE TANK/VESSEL INSPECTIONS DOCUMENTED (ATTACH A COPY OF THE LAST INSPECTION TO THIS REPORT)? \_\_\_\_\_
- WHEN WERE THE LAST TANK/VESSEL INSPECTIONS CONDUCTED? \_\_\_\_\_
- DESCRIBE OR ATTACH ANY TANK MANAGEMENT PROGRAM THE COMPANY HAS IN PLACE? \_\_\_\_\_
- ASK ACCOUNT CONTACT FOR A LIST OF ALL ABOVE AND UNDERGROUND STORAGE TANKS WITH CAPACITIES AND ATTACH.

**PLEASE COMPLETE THE QUESTIONS BELOW:**

- A. HAVE YOU DURING THE PAST FIVE (5) YEARS HAD ANY REPORTABLE RELEASES OR SPILLS OF HAZARDOUS SUBSTANCES, HAZARDOUS WASTE OR ANY OTHER POLLUTANTS, AS DEFINED BY APPLICABLE ENVIRONMENTAL STATUTES OR REGULATIONS? YES [ ] NO [ ]
- If yes, describe in detail: \_\_\_\_\_
- 
- B. HAVE YOU DURING THE LAST FIVE (5) YEARS BEEN PROSECUTED, OR THREATENED WITH PROSECUTION OR ARE YOU CURRENTLY BEING PROSECUTED, FOR ANY OFFENSE DIRECTLY OR INDIRECTLY ARISING OUT OF A RELEASE FROM THE COVERED LOCATION(S) OF ANY SUBSTANCE INTO SEWERS, RIVERS, SEA, AIR OR ONTO LAND OR GROUNDWATER? YES [ ] NO [ ]
- If yes, describe in detail: \_\_\_\_\_
- 
- C. LIST ALL CLAIMS MADE AGAINST YOU DURING THE PAST FIVE YEARS FOR CLEANUP OR BODILY INJURY, OR PROPERTY DAMAGE, RESULTING FROM THE RELEASE OF HAZARDOUS SUBSTANCES, HAZARDOUS WASTE, OR OTHER POLLUTANTS, FROM THE LOCATION OR OTHER LOCATIONS OWNED OR OPERATED BY YOU, INTO THE ENVIRONMENT. PROVIDE A BRIEF DESCRIPTION OF THE CLAIM(S) AND ITS DISPOSITION. IF NONE, SO STATE.
- 
- D. AT THE TIME OF THE SIGNING OF THIS APPLICATION, DO YOU KNOW OF ANY FACTS OR CIRCUMSTANCES WHICH MAY REASONABLY BE EXPECTED TO RESULT IN A CLAIM OR CLAIMS BEING ASSERTED AGAINST YOUR COMPANY FOR ENVIRONMENTAL CLEANUP OR RESPONSE, OR FOR BODILY INJURY OR PROPERTY DAMAGE ARISING FROM THE RELEASE OF POLLUTANTS INTO THE ENVIRONMENT? YES [ ] NO [ ]
- If yes, describe in detail: \_\_\_\_\_
- 

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 COMPANY'S QUOTATION AND COMPANY'S WRITTEN AGREEMENT TO BE BOUND, IS REQUIRED TO BIND COVERAGE AND TO ISSUE POLICY. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BY ISSUED, AND WILL BE ATTACHED TO THE POLICY.

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.

IF AN ORDER IS RECEIVED, THE APPLICATION IS ATTACHED TO THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

APPLICANT: \_\_\_\_\_ (signature of officer of corporation)      DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ (print name & title)

BROKER: \_\_\_\_\_ (print name of firm)      DATE: \_\_\_\_\_