



FACILITY EXPOSURES ENVIRONMENTAL LIABILITY APPLICATION

This application is for use in applying for Facility Pollution Liability coverage.

The following information is required to complete the application as attachments:

- Three years of currently valued loss information for CGL, Property and any prior EIL coverage. *If there are no known losses, a letter from the insured on their letterhead indicated no known losses will suffice.*
- Complete copies of any environmental site assessments, investigations or reports for the proposed scheduled property.
- Complete copies of any Spill Prevention, Control & Countermeasure Plan (SPCC) and/or Facility Response Plan for the proposed scheduled property.
- Complete copy of any expiring site-specific pollution coverage policies, including Declarations page.
- Three years of audited financial statements for the named insured.

The applicant is responsible for providing copies of any/all available environmental assessments, investigations, remedial action plans or environmental regulatory documentation pertaining to the proposed Scheduled Property, subject to the warranty and fraud statements in this application for insurance. If more space is required to answer any questions, please attach additional pages. If multiple locations are to be considered for coverage, please provide additional copies of page three (3) of this application with the pertinent facility information provided.

APPLICANT INFORMATION:

Named Insured:					
Mailing Address:					
City:		State:		Zip:	
Contact Person:			Telephone #:		
Email Address:			Website Address:		
Corporate Entity is:	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other				
Corporate Description (if JV or Other):					
What Year was the Entity Founded:					
What is your fiscal year period?					
Total Revenue anticipated for the next 12-month period::					
Total Revenue anticipated for the expiring 12-months:					
Total Revenue for the 2nd prior 12-months:					
Total Revenue for the 3rd prior 12-months:					

SUBSIDIARY/RELATED INSURED INFORMATION:

Subsidiary/Related Company	Description/Interest	Revenues

COVERAGE INFORMATION:

Existing Coverage:

	Carrier	Limits of Insurance	Deductible	Effective Date	Retroactive Date	Premium
Commercial General Liability:						
Site-Specific Pollution Liability:						
Excess/Umbrella Liability:						
Business Auto:						
Workers Compensation:						
Property:						

Requested Coverage:

	Limits of Insurance	Deductible/Retention	Effective Date	Retroactive Date
Commercial General Liability:				
Site-Specific Pollution Liability:				
Excess/Umbrella Liability:				

CLAIMS INFORMATION:

In the last three (3) years, has the applicant submitted any insurance claim under existing Commercial General Liability, Environmental Impairment Liability, Contractor's Pollution Liability, Professional Liability or Property policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If "YES", please describe or provide attached reference:	
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In the last five (5) years, has the applicant been prosecuted, or is the applicant current facing prosecution, for any violation, breach or infraction of any environmental or operational standard, rule or law?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If "YES", please describe or provide attached reference:	
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Has the applicant, or their operations at any property or facility, ever faced any voluntary or mandatory environmental clean-up, response action, damage or restoration costs associated with the release of any hazardous substances, chemicals or other pollutants?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If "YES", please describe or provide attached reference:	
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At the time of signing this application, is the applicant aware of any facts, circumstances, reports, notices or complaints which could be reasonably expected to result in a claim for bodily injury, property damage or clean-up costs resulting from the release of any pollutants?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If "YES", please describe or provide attached reference:	
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SCHEDULED PROPERTY INFORMATION:

This page must be completed for each property to be considered for coverage.

Facility Name:				
Physical Address:				
City:		State:		Zip:
Total Property Size (Acres or Sq Ft)		Total Annual Revenues Associated with Property:		
Provide a detailed description of current property use(s):				
Occupancy/Interest:	<input type="checkbox"/> Owner <input type="checkbox"/> Lessor <input type="checkbox"/> Manager <input type="checkbox"/> Mortgagor <input type="checkbox"/> Other (Please provide explanation)			

Is a significant change in use for the proposed scheduled property anticipated or planned for the requested policy period?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has a significant change in use for the proposed scheduled property occurred any time in the last five (5) years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>IF "YES" is answered to either question above, please describe or attachment:</i>	

Do operations at the Scheduled Property include the storage, treatment, handling, transport, detoxification or disposal of any chemicals, wastes or any regulated substance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES", please provide a complete description of operations and manifest of all chemicals/substances and amounts.</i>	

Are there any underground storage tanks installed or in use at the Scheduled Property?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES", please complete the attached Century Environmental Underground Storage Tank Addendum.</i>	
Have any underground storage tanks ever been removed from, or closed in-place, at the Scheduled Property?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES", please attach evidence of proper tank closure, including closure letters, no further action letters or other regulatory documentation.</i>	
Are there any above-ground storage tanks installed or in use at the Scheduled Property?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES", please complete the attached Century Environmental Above-Ground Storage Tank Addendum.</i>	

Has this Scheduled Property had any water intrusion, indoor air quality or mold related circumstances, or construction defect issues encountered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has this Scheduled Property been the subject of any Legionella Pneumophila outbreaks or bed-bug infestations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have any mold inspections or indoor air quality reports been completed for the Scheduled Property, or any portion thereof?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES" is answered to any of the above three questions, please provide detailed explanation of the answer along with any corresponding reports or supporting documentation.</i>	

In the last five (5) years, has the Scheduled Property, or any operations thereon, had any reportable release or spill of any chemicals, hazardous substances, petroleum-based substances or other pollutant?	<input type="checkbox"/> YES <input type="checkbox"/> NO
In the last five (5) years, has the Scheduled Property, or any operations thereon, been the subject of any local, state or federal environmental fines, penalties, injunctions, violations, or other breach of any applicable local, state or federal environmental law or regulation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has this Scheduled Property been the subject of any site assessment, subsurface investigation or other environmental due diligence, investigation or report?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES" is answered to any of the above questions, please provide detailed explanation of the answer along with any corresponding reports or supporting documentation.</i>	

FRAUD WARNING: APPLICABLE TO ALL STATES

Any person who knowingly and with intent to injure, defraud, or deceive 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 criminal and civil penalties and confinement in prison.

FRAUD WARNING: ARIZONA

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

FRAUD WARNING: DISTRICT OF COLUMBIA

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.”

FRAUD WARNING: NEW HAMPSHIRE

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

FRAUD WARNING: NEW YORK

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.

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 or the insurer to complete the insurance.

The completion of this application does not bind coverage or in any way commit Century Insurance Group to provide insurance coverage to the applicant. The applicant’s acceptance of Century Insurance Group’s written quotation and binding agreement is required to bind any coverage and issue a policy. It is agreed that this application is the basis of any such issued insurance contract and will be attached as a part of the policy.

I hereby certify to the truth of the foregoing and that I am authorized to execute the above warranty and representation on behalf of the applicant.

SIGNATURE OF OWNER OR OFFICER OF APPLICANT:	
PRINTED NAME & TITLE OF SIGNATORY:	
DATE OF SIGNATURE:	

FACILITY EXPOSURES ENVIRONMENTAL LIABILITY POLICY
UNDERGROUND STORAGE TANK ADDENDUM
(Use additional copies of this page as necessary)

Named Insured:	
Facility Name:	

UST SCHEDULE:

Tank ID or #:					
Year Installed:					
Capacity (Gallons):					
Contents:					
Tank Construction:					
Construction Method:					
Overfill/Spill Protection:					
Leak Detection:					
Piping Construction:					
Piping Leak Detection:					

The following codes should be used in completing the UST Schedule above:

CONTENTS		TANK CONSTRUCTION		CONSTRUCTION METHOD		OVERFILL/SPILL PROTECTION	
G	Gasoline	S	Bare Steel	SW	Single Walled	NA	None
D	Diesel	F	Fiberglass	DW	Double Walled	BC	Ball Check Valve
F	Fuel Oil	FCS	Fiberglass Clad Steel			SC	Spill Containment
W	Waste Oil	CPS	Cathodically Protected Steel			FS	Flow Shut-Off
K	Kerosene	FRP	Fiberglass Reinforced Plastic			A	Alarm/Gauges
H	Hazardous	STI	STI-P3			F	Tight Fill
C	Chemicals	PCL	Plastic Clad Steel			O	Other
O	Other	R	Internally Relined				

LEAK DETECTION		PIPING CONSTRUCTION		PIPING LEAK DETECTION	
M	Manual Gauging	S	Bare Steel	S	Same as Tank
IR	Inventory Reconciliation	F	Fiberglass	IM	Interstitial Monitoring
IM	Interstitial Monitoring	P	Polyethylene	E	Electronic Line Leak Detection
TT	Tightness Tests	HP	High-Density Poly	M	Mechanical Line Leak Detection
GW	Groundwater Monitoring	CPS	Cathodically Protected Steel	TT	Tightness Tests
VM	Vapor Monitoring	B	Black Iron	V	Valve/Suction Check
				N	None

Are there any plans to upgrade, remove or replace any of the underground storage tanks listed above within the next two years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have any of the underground storage tanks listed above been repaired, upgraded or relined in the last five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were all of the underground storage tanks listed above new at the time of their original installation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any of the underground storage tanks listed above currently closed in-place or subject to any closure proceedings?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any of the underground storage tanks listed above currently covered under another pollution or storage tank insurance policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO

FACILITY EXPOSURES ENVIRONMENTAL LIABILITY POLICY
ABOVE-GROUND STORAGE TANK ADDENDUM
(Use additional copies of this page as necessary)

Named Insured:	
Facility Name:	

AST SCHEDULE:

Tank ID or #:					
Year Installed:					
Capacity (Gallons):					
Contents:					
Tank Construction:					
Construction Method:					
Leak Detection:					
Piping Construction:					
Piping Leak Detection:					
AST Base:					
AST Diking:					

The following codes should be used in completing the AST Schedule above:

CONTENTS		TANK/PIPING CONSTRUCTION		CONSTRUCTION METHOD		LEAK DETECTION	
G	Gasoline	S	Bare/Welded Steel	SW	Single Walled	M	Manual Gauging
D	Diesel	SS	Stainless Steel	DW	Double Walled	IR	Inventory Reconciliation
F	Fuel Oil	P	Plastic/Poly			V	Visual Inspection
W	Waste Oil	C	Concrete			E	Electronic Gauging
K	Kerosene	F	Fiberglass			IM	Interstitial Monitoring
H	Hazardous						
C	Chemicals						
O	Other						

BASE/DIKING CONSTRUCTION	
E	Dirt/Earthen
C	Concrete/Masonry
S	Synthetic Liner
O	Other
N	None

Are any of the above-ground storage tanks or associated piping listed above out of compliance with any local, state or federal regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there a certified Spill Prevention Control & Countermeasure (SPCC) plan for this facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any of the above-ground storage tanks listed above portable?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all above-ground storage tanks listed above located within secondary containment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any plans to remove or replace any of the above-ground storage tanks listed above?	<input type="checkbox"/> YES <input type="checkbox"/> NO

FACILITY EXPOSURES ENVIRONMENTAL LIABILITY POLICY
LANDFILL ADDENDUM

Named Insured:	
Facility Name:	

Is this landfill currently open (accepting wastes) or closed (not accepting wastes)?	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
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Please provide an accurate representation of the following:

Total Site Acreage:	
Total Permitted Acreage:	
Open Acreage:	
Closed Acreage:	
Buffer-Zone Acreage:	

CONTROLS:

Does this landfill have a leachate collection system? If YES, please provide separate details.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does this landfill have a landfill gas/methane monitoring or collection system? If YES, please provide separate details.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does this landfill have a geosynthetic or other type of impermeable barrier membrane? If YES, please provide separate details.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this a RCRA Subtitle-C or RCRA Subtitle-D landfill? If so, please provide appropriate supporting permit information.	<input type="checkbox"/> Subtitle-C <input type="checkbox"/> Subtitle-D
Has this landfill ever operated as an open-pit or uncontrolled refuse/waste dump at any time in the past? If YES, please provide separate details.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does this facility have any groundwater monitoring wells? If YES, please provide separate details (including the latest sampling results).	<input type="checkbox"/> YES <input type="checkbox"/> NO

FINANCIAL ASSURANCE:

Is this landfill subject to Closure and/or Post-Closure financial assurance requirements under any local, state or federal guidelines?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", please provide detailed information on the financial assurance mechanism being utilized (including amount of financial assurance and parties holding any such mechanisms):	

INACTIVE LANDFILLS:

Has this closed landfill received a certificate of closure from the appropriate local, state or federal regulatory agencies? If "YES" please provide copies.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has this closed landfill been the subject of any state or federal regulatory inspection or audit? If "YES" please provide copies of resultant reports.	<input type="checkbox"/> YES <input type="checkbox"/> NO