

PREMISES ENVIRONMENTAL COVERAGE (PEC) APPLICATION

Section I - GENERAL INFORMATION

Named Insured:

Address:

Telephone Number:

Fax Number:

SIC Code:

Website:

Address of the location(s) for which you are seeking coverage (attach an additional sheet if needed):

Other Insureds to be listed on the policy and relationship to the Named Insured:

Other Insureds	Relationship to Insured

Limits and Deductible: (please put a check next to each option you would like to see)

DEDUCTIBLE	EACH LOSS LIMIT	TOTAL ALL LOSSES LIMIT	POLICY TERM
\$5,000	\$500,000	\$500,000	1 Year
\$10,000	\$1,000,000	\$1,000,000	2 Year
\$25,000	\$2,000,000	\$2,000,000	3 Year
Other:\$	Other:\$	Other:\$	Other:

COVERAGE

1. Please check the box for each coverage you would like:

- Remediation Expense from New Contamination On-site
- Third Party Claims for Remediation Expense from New Contamination Off-site
- Remediation Expense from Pre-existing Contamination On-site
- Third Party Claims for Remediation Expense from Pre-existing Contamination Off-site
- Third Party Claims for Bodily Injury and Property Damage On-site
- Third Party Claims for Bodily Injury and Property Damage Off-Site
- Non-Owned Locations Coverage*
- Transported Cargo Coverage*
- Storage Tank Coverage*
- Mold Coverage*
- Zoonotic Diseases Coverage*

*Additional information required for these coverages. Please complete the applicable sections below.

2. Do you have any environmental site assessments or questionnaires that have been performed for the site(s) where you would like coverage? **If yes, please attach.** Yes No
3. In what year were the structures on the site for which you are seeking coverage built?
4. Please describe the operations that take place at the location(s) for which you are seeking coverage:
5. Are there any anticipated changes in use of the location during the policy period? Yes No
If yes, please describe:

Section II - RAW MATERIALS

Please provide the following information:

NAME	QUANTITY (at any one time)	STORAGE (on pallet, 55 gallon drum, etc.):

Section III - WASTE

Please provide the following information:

TYPE OF WASTE	QUANTITY (at any one time)	METHOD OF STORAGE ON-SITE	DISPOSAL METHOD

Section IV - WATER

1. Is there any surface water on your property? Yes No
 If yes, what kind? (lined pond, intermittent stream, river, etc.)
2. Are there any potable water wells on the site? Yes No
 If yes, is water tested annually? Yes No
 Do the results meet federal, state and local standards? Yes No
3. Are there third party drinking water wells located within a ½ mile of your location? Yes No
4. Is there a septic system at the property? Yes No
 If yes, is it connected to areas storing hazardous substances? Yes No

Section V - PERMITS

1. Please provide copies of any Air, NPDES, or other discharge permits.

Section VI - THIRD PARTIES

1. Please list the neighbors in the vicinity of the location for which you are seeking coverage and their property use (i.e. residential, dry cleaner, etc.):

2. Do third parties regularly come on to your site? Yes No
 If yes: for what purpose? How many on an average day? How often?

Section VII - EXPOSURES

NON-OWNED LOCATIONS (NOL) N/A

1. Please list the sites for which you would like Non-Owned Locations coverage and their operation (attach an additional sheet if necessary):

NOL Address	Site Operation	Type of Material Sent to the NOL	Volume of Material sent to the NOL Annually

TRANSPORT ENVIRONMENTAL COVERAGE N/A

1. What materials are being transported to and from your location?
2. Please describe the conveyance and containment (i.e. 55 gallon drum in pickup truck):
3. How many vehicles are transporting your materials?

STORAGE TANK N/A

1. Please complete the information below for the tanks you would like covered:

Tank No.	UST/AST	Size	Age	Construction	Contents	Leak Detection*	Containment (ASTs only)

- 1a. *Please provide copies of the most recent leak detection or tightness test data.

MOLD

N/A

1. In what year was your facility built?
2. **Please provide a copy of your mold management plan and HVAC maintenance plan.**
3. Please describe how you respond to water intrusion events (flooding, pipe leakage, etc.):

4. Please provide details of all previous mold-related incidents, claims or losses (attach additional pages if needed):

ZOONOTIC DISEASE

N/A

- | | | | |
|----|--|-----|----|
| 1. | Is there animal contact at your facility? | Yes | No |
| 2. | Have you implemented the CDC federal guidelines to protect visitor health?
If yes, please provide a description of measures implemented: | Yes | No |
| 3. | Number of visitors per year: | | |

PATHOGENIC AND RADIOLOGICAL WASTE

N/A

- | | | | |
|----|--|-----|----|
| 1. | Do you generate or handle radioactive waste?
If yes, please provide a detailed description the source, of your waste handling, storage and disposal methods: | Yes | No |
| 2. | Do you generate or handle pathogenic waste?
If yes, please provide a detailed description of the source, your waste handling, storage and disposal methods: | Yes | No |

Section VIII – COVERAGE HISTORY (this section must be completed by all Applicants)

- | | | | |
|----|--|-----|----|
| 1. | What are the previous uses of the site? | | |
| 2. | Has waste ever been disposed of on-site? | Yes | No |
| 3. | Is there a dry cleaner at the site? | Yes | No |

4. Are there any abandoned tanks or equipment at the site? Yes No
 If yes, have they been closed in accordance with regulation? Yes No
5. Have you had or do you currently have any environmental insurance in place? Yes No
If yes, provide information below and include a copy of the policy:

Carrier	Limit	Deductible	Policy Term	Premium
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

6. With respect to the above coverage, has any Underwriter refused, canceled, or non-renewed coverage? Yes No
 (Not applicable in Missouri)
If yes, provide details:

7. In the past five (5) years:
- a. Have you been required to do any remediation at the location for which you are seeking coverage? Yes No
If yes, please describe:

- b. Have there been any reportable discharges or releases of any hazardous substances or pollutants at or from any locations for which you are seeking coverage? Yes No
If yes, please describe:

- c. Have there been any claims made against you resulting from the actual or alleged release of pollutants at, on, under, or from the site for which you are seeking coverage? Yes No
If yes, please provide details:

8. Are you aware of any fact or circumstance that could reasonably be expected to result in a claim arising from a release to the environment from the site for which you are seeking coverage? Yes No

No application will be accepted unless signed by the Applicant

The applicant warrants that all answers to the questions on this application are true and correct. 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 facts thereto, commits a fraudulent insurance act, which is a crime.

Application Addendum

Philadelphia Insurance Companies or its authorized representatives is hereby authorized to conduct such inquiries as necessary to verify all information contained in this application. Authorization is also given to obtain a personal credit report on the principal of the company.

Fraud Notice

NOTICE TO 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL 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 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 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.

NOTICE TO NEBRASKA AND 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 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 FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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 MAINE 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

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 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 TENNESSEE 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."

Insured Signature : _____ Date:

Title:

Agent Signature : _____ Date: