

RSA SURPLUS LINES INSURANCE SERVICES, INC. 701 North Brand Boulevard, Suite 200 Glendale, CA 91203 CA Lic. No. 0C24330	APPLICATION ENVIRONMENTAL INSURANCE POLICY
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1. Name of Insured _____
Mailing Address _____
Contact Name _____
Tel No _____ Fax No _____
No. and Addresses of Covered Locations _____

2. LOCATION
Describe current occupants and operations _____

3. COVERAGE REQUESTED
Policy Term 1 Year 2 Year 3 Year Other
Limit of Liability: \$ _____ Per Environmental Incident
\$ _____ Total all Environmental Incidents
Deductible: \$ _____
Proposed Effective Date: _____

4. Additional Insured(s): _____

5. ENVIRONMENTAL CONDITIONS
Describe any pollution incidents within the past five years

Are you aware of any circumstances that may be expected to give rise to a pollution claim? If yes, please describe:

6. CLAIMS EXPERIENCE
Have you been cited and/or prosecuted for any environmental violations of any standard or law relating to the covered location(s) within the past five (5) years? Yes No
Has any insurance carrier canceled or non-renewed your pollution liability coverage? Yes No
If yes to above, please describe _____

Please list all claims experience for the last five years: _____

7. COVERED LOCATION

Site Name _____

Address _____

Total size (acreage) _____

List any structures on the property _____

Former use(s) of the location _____

Age of facility _____

8. ENVIRONMENTAL SITE DATA

Adjacent Land Use _____

Does the facility use public water and sewer? _____ Yes _____ No

Are there any surface water bodies in close proximity to the site? _____ Yes _____ No

If yes, please identify: _____

9. ENVIRONMENTAL PERMITS

Air _____ NPDES _____

Storm Water _____ G. W. Wells _____

Sewer/POTW _____ Other (EPA I. D. #) _____

10. REGULATORY AGENCY CONCERNS

Citations _____ Yes _____ No Orders _____ Yes _____ No Lawsuits _____ Yes _____ No

NOV's _____ Yes _____ No Inspections _____ Yes _____ No

If Yes, Please Describe: _____

11. ENVIRONMENTAL STAFF, PLANS, DOCUMENTATION

On-Site Environmental Professional? _____ Yes _____ No Environmental Training _____ Yes _____ No

Emergency, Spill, Fire Plans? _____ Yes _____ No Public Concerns? _____ Yes _____ No

Inspection/Audit Program? _____ Yes _____ No Monitoring Wells? _____ Yes _____ No

12. KNOWN CONTAMINATION/REMEDIATION

Any known pre-existing contamination present? _____ Yes _____ No. If yes, please describe:

Describe any past, present, or planned remediation activities/projects and dates:

If remediation is planned, would you like information pertaining to Remediation Cost Cap coverage? _____ Yes _____ No

