



**PREMISES ENVIRONMENTAL COVERAGE (PEC) APPLICATION-OKLAHOMA**

THIS IS A CLAIMS MADE AND REPORTED POLICY WITH DEFENSE COSTS INCLUDED IN THE LIMITS OF INSURANCE. VARIOUS PROVISIONS IN THIS POLICY RESTRICT COVERAGE. READ THE ENTIRE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, AND WHAT IS OR IS NOT COVERED.

**SECTION I – GENERAL INFORMATION**

Applicant Name:

Address:

City:

State:

Zip:

Telephone Number:

Fax Number:

NAICS Code:

Annual Revenues: \$

Website: www.

Risk Management Contact:

Risk Management's Phone:

Risk Management Email:

Does the Applicant currently have any environmental insurance in place?

Yes No

If yes, provide information below and include a copy of the policy and current loss runs.

Carrier	Limit	Self-Insured Retention	Effective and Expiration Date	Premium	Retroactive Date (if applicable)
	\$	\$		\$	
	\$	\$		\$	
	\$	\$		\$	

Requested Coverage

Policy Term	Limit	Self-Insured Retention	Effective Date	Retroactive Date (if applicable)
	\$	\$		
	\$	\$		
	\$	\$		

With respect to prior coverage, has any Underwriter refused, cancelled, or non-renewed coverage?

(Not applicable in Missouri)

Yes No

If yes, provide details:

**SECTION II – APPLICANT'S INSURED LOCATION INFORMATION**

Address of the location(s) for which the Applicant is seeking coverage (attach an additional sheet if necessary)

Address (including City and State)	Square Footage, Acreage, # of Units	Year Built	Current Use (i.e. Industrial, Habitational, etc.)	Owned, Managed or Leased

1. Is there any surface water on the Applicant's location?  
If yes, what kind (lined pond, intermittent stream, river, etc.)? Yes No
  
2. Are there any potable water wells on the Applicant's location?  
If yes, is the water tested annually?  
Do the results meet federal, state and local standards? (Please provide most recent results) Yes No  
Yes No  
Yes No
  
3. Are there third party drinking water wells located within a 1/2 mile of the Applicant's location? Yes No
  
4. Is there a septic system at the Applicant's location?  
If yes, is it connected to areas storing hazardous substances? Yes No  
Yes No
  
5. Please list the neighbors in the vicinity of the Applicant's locations and their property use  
(i.e. residential, dry cleaner, etc.). (attach an additional sheet if necessary)

Name	Location	Current Use (i.e. Residential, Dry Cleaner, etc.)
	North	
	South	
	East	
	West	

**SECTION III – SITE OPERATION AND HISTORY**

1. Does the Applicant have any environmental site assessments or questionnaires that have been performed for the location(s) where they would like coverage?  
If yes, please attach. Yes No
  
2. Please describe the operations that take place at the location(s) for which the Applicant is seeking coverage:
  
3. Are there any anticipated changes in use of the location(s) during the policy period, including any planned additions or demolition?  
If yes, please describe: Yes No
  
4. Are there any plans for interior capital improvements during this policy period?  
If yes, please describe. Yes No
  
5. What are the previous uses of the location?
  
6. Has waste ever been disposed of at this location?  
If yes, please describe. Yes No

7. Is there a dry cleaner at the location? Yes No
8. Are there any abandoned tanks or equipment at the location?  
If yes, have they been closed in accordance with regulation? (Please provide documentation) Yes No  
Yes No
9. Have there been any fires or fire training exercises at any location for which coverage is being sought that used AFFF fire suppressant?  
If yes, please describe: Yes No
10. Have any perfluoroalkyl or polyfluoroalkyl substances (commonly referred to as PFAS), or materials or products that may have contained PFASs, ever been manufactured, used or stored at any location for which coverage is being sought?  
If yes, please describe: Yes No
11. Please provide the following raw materials used and / or stored on the Applicant's location:  
(attach an additional sheet if necessary)

Material Name	Quantity On-Site (at any one time)	Storage (on pallet, 55 gallon drum, etc.)

**SECTION IV - WASTE**

1. Has the Applicant ever been in a legal action or suit or given PRP status concerning the disposal of waste materials?  
If yes, attach details. Yes No
2. Please provide the following information: **(attach an additional sheet if necessary)**

Type of Waste	Quantity (at any one time)	Method of Storage On-Site	Disposal Method (Including Name of 3 <sup>rd</sup> Party Hauler)

**SECTION V – TRANSPORTATION & LOGISTICS**

**Transport Environmental Coverage**

1. What materials are being transported to and from the Applicant's location?
2. Please describe the conveyance and containment: (i.e. 55 gallon drum in pickup truck)
3. How often is the Applicant's material picked up and who is the carrier?
4. Is the Applicant aware of any chemical substances, materials or products being manufactured at any location for which coverage is being sought?  
If yes, please describe: Yes No

5. Please provide the following information on the vehicles the Applicant operates by vehicle type.

Vehicle Type	# of Units	Cargo or Material Hauled (indicate if hazardous)	Radius of Operation
Private Passenger			
Light Truck			
Medium Truck			
Heavy/Extra Heavy Truck			
Trailers			
Railcar			
Watercraft			
Aircraft			

**SECTION VI - STORAGE TANK**

**Please utilize the table and key below to provide information about the Applicant's storage tanks.  
UST means underground storage tank. AST means above-ground storage tank.**

1. Are all of the Applicant's tanks in compliance with the applicable regulations? Yes No  
If no, please provide details:

2. Please complete the information below for the tanks the Applicant would like covered.

Tank No.	UST	AST	Size (Gallons)	Age	Construction (Material, Single or Double Wall)	Contents (specify material)	Leak Detection Prevention Method (specify for tank and piping)*	Containment Is the AST diked? Construction of dike?	Piping** see key below
								Yes No	
								Yes No	
								Yes No	
								Yes No	
								Yes No	
								Yes No	

\*If tank tightness testing, leak detection, or inventory monitoring and control systems, please provide copies of the most recent test data.

\*\* Piping Key: P=pressure flow; S=suction flow; DBW=double wall; SW=single wall

**SECTION VII – MOLD AND LEGIONELLA**

1. Have any of the Applicant's locations had mold growth or legionella incidents where costs are expected to exceed \$25,000? Yes No  
If yes, please describe:

- |    |  |      |        |
|----|--|------|--------|
| 2. | Are there any visible signs of mold growth at any of the Applicant's locations?<br>If yes, please describe.  | Yes  | No     |
|    |  |      |        |
| 3. | Have any construction / maintenance defects been encountered (i.e. HVAC system problems, roof leaks, window or siding leaks) which resulted in water intrusion, indoor air quality or mold-related issues?<br>If yes, please describe. | Yes  | No     |
|    |  |      |        |
| 4. | Does any of the Applicant's insured locations have buildings with Exterior Insulation Finish System (EIFS)?<br>If yes, please describe the age, type of system, inspection schedule, and any water intrusion issues.                   | Yes  | No     |
|    |  |      |        |
| 5. | Have any indoor air quality, legionella or mold studies or inspections been performed at the Applicant's location(s)? If yes, please provide a copy.   | Yes  | No     |
|    |  |      |        |
| 6. | Have there been any complaints for odor, indoor air quality, legionella or mold at any of the Applicant's locations?<br>If yes, please describe.   | Yes  | No     |
|    |  |      |        |
| 7. | Does the Applicant have a dedicated on-site property manager for their locations?<br>If yes:   | Yes  | No     |
| a. | Is the property manager an employee?   | Yes  | No     |
| b. | Unrelated property manager?<br>If yes, please provide name/ address of firm and information regarding environmental insurance coverage.  | Yes  | No     |
|    |  |      |        |
| 8. | Fire Protection and Testing  |      |        |
|    | Is the building provided with an Automatic Fire Sprinkler System (AS)?   | N/A  | Yes No |
| a. | If yes, what type of sprinkler system is installed?                      Wet-Pipe                      Dry-Pipe  | Both |        |
| b. | If yes, approximately what percentage (%) of the building is sprinklered?                      %   |      |        |
| c. | If yes, has the system been tested and inspected by qualified sprinkler contractor within past 12 months and includes a formal winterization review?   | N/A  | Yes No |
| d. | If yes, are the alarms tied to a 24 hour UL listed monitoring company?   | N/A  | Yes No |
|    |  |      |        |
| 9. | Emergency Water Response (domestic and AS water lines)   |      |        |
| a. | Are water shutoff valves (domestic and AS water lines) marked and readily accessible?  | N/A  | Yes No |
| b. | Are water shutoff valves exercised (closed and reopened) at least annually?  | N/A  | Yes No |

**SECTION VIII – LOSS HISTORY**  
**Must be completed by all Applicants**

1. In the past five (5) years:
- a. Has the Applicant been required to do any remediation at the location for which the Applicant is seeking coverage?  
If yes, please describe. Yes    No
  
  - b. Have there been any reportable discharges or releases of any hazardous substances or pollutants at or from any locations for which the Applicant is seeking coverage?  
If yes, please describe. Yes    No
  
  - c. Have there been any claims made against the Applicant resulting from the actual or alleged release of pollutants at, on, under, or from the site for which the Applicant is seeking coverage?  
If yes, please provide details. Yes    No
2. Is the Applicant aware of any fact or circumstance that could reasonably be expected to result in a claim arising from contamination (including mold or legionella) at or from a location for which the Applicant is seeking coverage?  
If yes, please provide details. 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 inquires 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 STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

## FRAUD NOTICE STATEMENTS

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, LA, MD, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

**APPLICABLE IN CALIFORNIA:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN 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.

**APPLICABLE IN FLORIDA** 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.

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE 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.

**APPLICABLE IN MAINE:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN NEW JERSEY:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN NEW MEXICO:** 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.

**APPLICABLE IN OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

**APPLICABLE IN OKLAHOMA:** WARNING: 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.

**APPLICABLE IN PENNSYLVANIA:** 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.

**APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON:** 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.

**APPLICABLE IN VERMONT:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**APPLICABLE IN 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. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO, OWNER, PARTNER, DIRECTOR/ OFFICER OR PRINCIPAL OF THE INSURED)

\_\_\_\_\_  
SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)