



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

PREMISES ENVIRONMENTAL COVERAGE (PEC) APPLICATION-OK

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

Named Insured:

Address:

City:

State:

Zip:

Telephone Number:

Fax Number:

SIC Code:

Annual Revenues: \$

Website: www.

Risk Management Contact:

Risk Management's Phone:

Risk Management Email:

Other insureds to be listed on the policy and relationship to the Named Insured:
(attach an additional sheet if needed)

Other Insureds	Relationship to Insured

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? Yes No
(Not applicable in Missouri)

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

- Is there any surface water on the Applicant’s location?
If yes, what kind (lined pond, intermittent stream, river, etc.)? Yes No
- 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
- Are there third party drinking water wells located within a ½ mile of the Applicant’s location? Yes No
- Is there a septic system at the Applicant’s location?
If yes, is it connected to areas storing hazardous substances? Yes No
Yes No
- 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

- 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
- Please describe the operations that take place at the location(s) for which the Applicant is seeking coverage:
- 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
- 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? Yes No
 If yes, please describe.

7. Is there a dry cleaner at the location? Yes No

8. Are there any abandoned tanks or equipment at the location? Yes No
 If yes, have they been closed in accordance with regulation? (Please provide documentation) Yes No

9. 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 rd Party Hauler)

SECTION V - TRANSPORTATION

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. 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 your 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 you 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. | Does the Applicant have a written mold management / water intrusion plan for their insured locations?
Please provide a copy. | Yes | No |
| 3. | Are there any visible signs of mold growth at any of the Applicant's locations?
If yes, please describe. | Yes | No |
| 4. | 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?
If yes, please describe. | Yes | No |
| 5. | Does any of the Applicant's insured locations have buildings with Exterior Insulation Finish System (EIFS)?
If yes, please describe the age, type of system, inspection schedule, and any water intrusion issues. | Yes | No |
| 6. | 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 |
| 7. | Have there been any complaints for odor, indoor air quality, legionella or mold at any of the Applicant's locations?
If yes, please describe. | Yes | No |
| 8. | Does the Applicant have a dedicated on-site property manager for their locations?
If yes: | Yes | No |
| | a. Is the property manager an employee? | Yes | No |
| | b. Unrelated property manager?
If yes, please provide name/ address of firm and information regarding environmental insurance coverage. | Yes | No |

SECTION VIII – LOSS HISTORY Must be completed by all Applicants
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|----|--|-----|----|
| 1. | In the past five (5) years: | | |
| | a. Has the Applicant been required to do any remediation at the location for which you are 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 you are 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 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.

WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

- | | | | |
|---|------|----|-----|
| 1. Fire Protection and Testing | | | |
| a. Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No | N/A |
| i. If yes, approximately what percentage (%) of the building is sprinklered? | % | | |
| ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe | Both | | |
| iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? | Yes | No | N/A |
| 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof): | | | |
| iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? | Yes | No | N/A |
| v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No | N/A |
| 2. Emergency Water Response (domestic and AS water lines) | | | |
| a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? | Yes | No | N/A |
| b. Are water shutoff valves exercised (closed and reopened) at least annually? | Yes | No | N/A |
| c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? | Yes | No | N/A |
| 3. Automatic Water Shutoff Devices | | | |
| a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No | N/A |
| 4. Unused/Vacant Spaces | | | |
| a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? | Yes | No | N/A |
| 5. Unheated Areas (attics, crawl spaces, exterior wall joists) | | | |
| a. Are all domestic water lines located in areas heated to at least 45°F? | Yes | No | N/A |
| i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation): | | | |
| 6. General Comments: | | | |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her 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.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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 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). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, 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 OR CONFINEMENT IN 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 FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON 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 MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

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)