



## 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 two (2) of this application with the pertinent facility information provided.***

### APPLICANT INFORMATION:

|  |   |               |                         |             |  |
|--|---|---------------|-------------------------|-------------|--|
| <b>Named Insured:</b>  |   |               |                         |             |  |
| <b>Mailing Address:</b>  |   |               |                         |             |  |
| <b>City:</b>   |   | <b>State:</b> |                         | <b>Zip:</b> |  |
| <b>Contact Person:</b>   |   |               | <b>Telephone #:</b>     |             |  |
| <b>Email Address:</b>  |   |               | <b>Website Address:</b> |             |  |
| <b>Corporate Entity is:</b>                                    | <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Please attach description) |               |                         |             |  |
| <b>What Year was the Entity Founded:</b>                       |   |               |                         |             |  |
| <b>What is your fiscal year period?</b>                        |   |               |                         |             |  |
| <b>Total Revenue for the most recent 12-month period:</b>      |   |               |                         |             |  |
| <b>Total Revenue anticipated for the next 12-month period:</b> |   |               |                         |             |  |

### COVERAGE INFORMATION:

| Existing Coverage:                        |         |                     |            |                |                  |         |
|---|---------|---------------------|------------|----------------|------------------|---------|
|   | Carrier | Limits of Insurance | Deductible | Effective Date | Retroactive Date | Premium |
| <b>Commercial General Liability:</b>      |         |                     |            |                |                  |         |
| <b>Site-Specific Pollution Liability:</b> |         |                     |            |                |                  |         |
| <b>Excess/Umbrella Liability:</b>         |         |                     |            |                |                  |         |

| Requested Coverage:                       |                     |                      |                |                  |
|---|---------------------|----------------------|----------------|------------------|
|   | Limits of Insurance | Deductible/Retention | Effective Date | Retroactive Date |
| <b>Commercial General Liability:</b>      |                     |                      |                |                  |
| <b>Site-Specific Pollution Liability:</b> |                     |                      |                |                  |
| <b>Excess/Umbrella Liability:</b>         |                     |                      |                |                  |

**SCHEDULED PROPERTY INFORMATION:**

*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>   |  |

**CLAIMS INFORMATION:**

|  |  |
|--|--|
| <b>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?</b> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If "YES", please describe or provide attached reference:   |  |
|  |  |

|   |  |
|---|--|
| <b>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?</b> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If "YES", please describe or provide attached reference:  |  |
|   |  |

|   |  |
|---|--|
| <b>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?</b> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If "YES", please describe or provide attached reference:  |  |
|   |  |

**FRAUD WARNING: APPLICABLE TO ALL STATES**

Any person who knowing 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.

Notice to 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 fact material thereto, commits a fraudulent insurance act, which is a crime.

***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.***

|  |  |
|--|--|
| <b>SIGNATURE OF OWNER OR OFFICER OF APPLICANT:</b> |  |
| <b>PRINTED NAME &amp; TITLE OF SIGNATORY:</b>      |  |
| <b>DATE OF SIGNATURE:</b>                          |  |

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

|                       |  |
|-----------------------|--|
| <b>Named Insured:</b> |  |
| <b>Facility Name:</b> |  |

**UST SCHEDULE:**

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

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

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

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

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

|                       |  |
|-----------------------|--|
| <b>Named Insured:</b> |  |
| <b>Facility Name:</b> |  |

**AST SCHEDULE:**

|                               |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|
| <b>Tank ID or #:</b>          |  |  |  |  |  |
| <b>Year Installed:</b>        |  |  |  |  |  |
| <b>Capacity (Gallons):</b>    |  |  |  |  |  |
| <b>Contents:</b>              |  |  |  |  |  |
| <b>Tank Construction:</b>     |  |  |  |  |  |
| <b>Construction Method:</b>   |  |  |  |  |  |
| <b>Leak Detection:</b>        |  |  |  |  |  |
| <b>Piping Construction:</b>   |  |  |  |  |  |
| <b>Piping Leak Detection:</b> |  |  |  |  |  |
| <b>AST Base:</b>              |  |  |  |  |  |
| <b>AST Diking:</b>            |  |  |  |  |  |

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

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

| BASE/DIKING CONSTRUCTION |                  |
|--------------------------|------------------|
| <b>E</b>                 | Dirt/Earthen     |
| <b>C</b>                 | Concrete/Masonry |
| <b>S</b>                 | Synthetic Liner  |
| <b>O</b>                 | Other            |
| <b>N</b>                 | 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 |