



Kinsale Insurance Company
 P. O. Box 17008
 Richmond, VA 23226
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PREMISES ENVIRONMENTAL LIABILITY APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS. ATTACH ADDITIONAL SHEETS AS NECESSARY.
 ANSWER ALL QUESTIONS. APPLICATION MUST BE SIGNED BY THE APPLICANT. INCOMPLETE APPLICATIONS WILL NOT BE
 CONSIDERED FOR COVERAGE. If not applicable, indicate N/A.

APPLICANT'S INFORMATION

1. Applicant Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website: www. _____

Applicant is a: Individual Partnership Corporation Joint Venture Other

2. Requested Coverage: Third Party Pollution Liability Onsite Cleanup

3. Limits Requested: \$500,000/\$500,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000

4. Deductible Requested: \$5,000 \$10,000 \$25,000 \$50,000

5. Expected annual revenues: _____

6. Annual revenues for the last 12 months: _____

7. Please provide facility, address, state and zip code for all locations needing coverage.

Facility Address	Description of Operations	Historical Operations



8. Are all of these locations currently in compliance with federal, state, and local environmental regulations? If so, please describe. Yes No

9. Are any of these locations currently undergoing corrective action or active remediation? If so, please describe. Yes No

10. Have any of these locations ever undergone corrective action? If "yes, please provide details: Yes No

11. Have any of these locations received an environmental violation? If so, please provide details. Yes No

12. Are there structures on these properties? If so, please describe. Yes No

13. Have these structures been tested for asbestos, radon, and lead paint? Yes No

HAZARDOUS WASTE

(Only complete if properties requesting coverage generate, dispose of, stores, or handles hazardous waste or materials.)

1. Please describe types of hazardous waste or materials. _____

2. Please describe disposal method. _____

3. Please describe on site storage practices and areas. _____



ABOVE GROUND STORAGE TANK INFORMATION

Installation Date	Capacity (in gallons)	Contents	Tank Construction	Secondary Containment

CHEMICAL INFORMATION

Chemical Name	Total Quantities per year	Total Quantities on hand at a time	Storage Methods			
			Drum	AST	UST	Other

SURROUNDING PROPERTIES

1. Please describe adjacent properties:

North	
South	
East	
West	

2. Are there nearby bodies of water? Yes No
 If so, please include description and distance. _____

3. Are there nearby protected environments (i.e., parks or wetlands) or schools? Yes No
 If so, please describe. _____



4. Is public water and sewer available and in use at locations requesting coverage? Yes No

LANDFILL

(Please complete only if location(s) requesting coverage include landfill.)

<u>Total Acreage</u>	<u>Acreage of Active Area</u>	<u>Acreage of Closed Area</u>	<u>Permitted but not in use acreage</u>

1. Type of waste accepted: _____

2. Is the landfill lined? Yes No
 If yes, please advise type of liner, material, and thickness: _____

3. Is there a leachate collection system in place? Yes No
 a. How much is produced annually? _____

4. Are daily operating procedures in place? Yes No

5. Are emergency procedures in place? Yes No

6. How many active groundwater monitoring wells are in place? _____
 (Attach copies of most recent groundwater analytical data for all wells.)

WASTE

(Complete if your facility treats, processes, or stores any type of waste.)

Type of wastes accepted	
Maximum amount processed per day	
Maximum amounts stored at any one time	
Describe processes used at the facility	
When were Title III Reports updated	

GENERAL HISTORY

1. Please describe any pollution claims that have occurred in the last five years. _____



2. Have you received any violations regarding any federal, state, or local agency relating to the release of a substance from your location(s) into sewers, rivers, air, or land? Yes No

If so, please provide details. _____

3. At the time of signing this application, are you aware of any circumstances that may reasonably be expected to give rise to a claim under this policy? Yes No

If so, please provide details. _____

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 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.

NOTICE TO LOUISIANA 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 fines and confinement in prison.

NOTICE TO MAINE 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 may include imprisonment, fines, or denial of insurance benefits.

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 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 NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.



NOTICE TO 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 OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a 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 a 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 the person to criminal and civil 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.

NOTICE TO 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

