



OWNERS & OPERATORS RISK MANAGEMENT TOOLKITSM APPLICATION

Tel: (312) 506-8150 or (312) 506-8149
230 West Monroe, Suite 1575, Chicago, IL 60606
Environmental Practice – www.navg.com

This application is for a Policy providing Claims-Made Coverages.

APPLICANT INSTRUCTIONS: *(Please send Submissions to envsubmissions@navg.com)*

If any questions do not apply or the Insured is not interested in specific Coverage terms, please check the “N/A” box.

1. Please provide any supporting information on a separate sheet using the Insured’s letterhead and reference the applicable question number.
2. This form must be completed, dated and signed by a principal of your company.

SECTION 1 – GENERAL INFORMATION

1. Applicant (Full Legal): _____

Mailing Address of Applicant: _____

City, State, Zip Code: _____

Telephone: _____ Website: _____

Environmental Contact Name and Title: _____

Date Established: _____

2. Please provide audited financials and/or 10-Ks for the past (2) fiscal years.

3. Company Type: Corporation Partnership Individual Joint Venture
 LLC Other:

a. If Joint Venture, please describe: _____

4. List all current and prior entities, affiliated or subsidiary companies to be listed as Named Insured and their relationship to the First Named Insured:

5. Please describe the desired Policy Coverage:

Practice or Project Policy:		Each Incident Limit:		Incumbent Carrier:	
Desired Effective Date:		Aggregate Limit:		Current Premium:	
Desired Policy Term:		Deductible/SIR:		Retroactive Date (If applicable):	

SECTION 2 – OWNERS / OPERATORS SITE POLLUTION COVERAGE

1. Please submit a current Statement of Values **OR** complete the table below for properties seeking pollution coverage (attach table if additional space required):

Insured Property Schedule

Insured Property Address	Property Owner	Current Operations	Historical Operations	Year Operations Began	Property Size
1.					
2.					
3.					
4.					

2. Have any Environmental Site Assessment reports been conducted at the properties? *(Reports may include Phase I/II, Feasibility Studies, Environmental Inspection Audits, Regulatory Correspondence, etc.)* **If yes, please provide copy of reports.** YES NO
3. Are there any plans for future development, improvement, demolition, change in operations within the policy term? **If yes, provide details.** YES NO
4. Are there any plans to sell, divest, or sublease any properties within the Policy term? If yes, please provide details. YES NO
5. Are you aware of any Asbestos Containing Material at any properties seeking coverage? **If yes, please provide copy of Asbestos O&M Plan in place.** YES NO

SECTION 3 – STORAGE TANKS COVERAGE

N/A

If not interested in coverage for Storage Tanks select N/A and skip to Section 4:

1. Do you own or operate any underground storage tanks (USTs) or aboveground storage tanks (ASTs)? YES NO
- a. Have any UST(s) ever failed tightness testing? YES NO
- b. Are any tanks not in compliance with appropriate regulations? YES NO
- c. Are you required to demonstrate financial assurance to a state or Federal agency? YES NO
- d. Are you aware of any UST(s) that have been removed from the Insured Property? YES NO
- e. Have all historical UST(s) received regulatory closure for clean-up? YES NO
- f. Have you during the past five years had any reportable releases or spills of regulated substances? YES NO
- g. Do any plans exist to remove or replace any tanks within the next year? YES NO

Storage Tank Detail Summary

Tank #	AST/UST	Age	Capacity	Construction	Contents	Overfill/Spill Protection	Still in Use (Yes/No)

SECTION 4 – TRANSPORTATION COVERAGE

 N/A

If not interested in Transportation Coverage select N/A and skip to Section 5:

Submission Information

- At least 3 yrs of loss history for the Applicants Autos
- List of Vehicles and Drivers, List of top 5 Third-Party Haulers

1. Do you transport regulated or hazardous wastes/materials?

 YES NO

If yes, please complete table below.

Characterization of Cargo

<u>Material</u>		<u>Projected Qty's</u>	<u>General Description of Materials</u>	<u>% Trans by 1st Party</u>	<u>% Trans by 3rd Parties</u>
Hazardous	Solid				
	Liquid				
	Gas				
Non-Hazardous					
Petroleum/Gasoline					

2. Please complete the table below describing the applicant's fleet of vehicles.

Characterization of Fleet

	<u>Private Passenger & Pick-ups</u>	<u>Med Trucks / Vans / Dump Trucks</u>	<u>Hvy Trucks / Power Units</u>	<u>Trailers / Tankers</u>	<u>Railcars</u>	<u>Watercraft / Barges</u>	<u>Other</u>
<u>Qty</u>							
Overall Total Number of Vehicles							

General Transportation Questions: (If yes, please provide copies of plans)

- a. Do you have an Auto Safety & Training Program & check MVRs regularly?
- b. Do you have a Vehicle Maintenance Program in place?
- c. Do you have any Spill Contingency Plans in place?

YES NO
 YES NO
 YES NO

SECTION 5 – WASTE SITES COVERAGE

 N/A

If not interested in Waste Site Coverage select N/A and skip to Section 6:

Submission Information

- List of currently or historically utilized Waste Sites
- List of materials and quantities being sent to Waste Sites

1. Do you dispose regulated or hazardous materials?

 YES NO

2. If generating Haz. Materials, what is the applicant's Generator Status (ie., LQG, SQG, Cond. Exempt)? _____

3. Has the applicant ever been in a legal action/suit or PRP status for disposal of waste materials? If yes, please provide supporting information.

 YES NO

4. Please complete the table below describing the applicant's waste sites and waste materials.

Characterization of Waste Sites and Waste Materials

	<u>Waste Site</u>	<u>Address</u>	<u>Waste Materials</u>		
			<u>Haz. / Non-Haz</u>	<u>Material</u>	<u>Qty</u>
1.					
2.					
3.					
4.					
5.					

SECTION 6 – INDOOR AIR QUALITY COVERAGE

N/A

If not interested in Indoor Air Quality Coverage select N/A and skip to Section 7:

Submission Information

- o Please submit copy of Property and GL Loss runs for the last 5 yrs and copy of any Mold/Water Intrusion Management plan in place.
- a. Please indicate the approximate total square footage by property class:

Property Type	Residential	Commercial	Industrial
Approx. Sq. Ft.			

- b. Do any of the buildings exterior walls contain Exterior Insulation Finish System (EIFS)? If yes, when was the system installed, last Inspected, and is there any evidence of water intrusion/mold issues? YES NO

- c. Do any of the properties have any visible areas of mold growth currently or within the past 5 yrs? If yes, please explain: YES NO

- d. Have any properties experienced mold growth requiring over \$25,000 in clean-up costs or Third-Party allegations/formal complaints for indoor air quality or mold related issues? If yes, please explain: YES NO

- e. Have any indoor air quality/mold studies or inspections been performed in the last 5 yrs? If yes, please provide report. YES NO

- f. Is there a written protocol for Water Intrusion / Mold or an individual responsible for performing routine inspections and maintenance activities? If yes, please provide details: YES NO

- g. Is the applicant aware of any facts or circumstances which may reasonably be expected to result in a Claim(s) related to indoor air quality/mold issues at any Insured Properties. If yes, please provide details: YES NO

Section 8 – Warranty Statements

1. Within the past five (5) years, has the applicant had any releases or spills of hazardous substances, hazardous waste, mold, or any other pollutants? If yes, please provide details. YES NO

2. Within the past five (5) years, has the applicant been prosecuted or currently being prosecuted for the release or threatened release of a hazardous substance, hazardous waste or any other pollutant? If yes, please provide details. YES NO

3. At the time of signing this application, is the applicant aware of or know of any fact, circumstance or situation which may reasonably result in a claim against the applicant or any other person or entity for which coverage is being sought? YES NO

4. Has any environmental coverage been declined, cancelled, or non-renewed? If yes, please provide details. YES NO

FRAUD WARNINGS

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

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 HEREOF.

I hereby certify to the truth of the foregoing and that I am authorized to execute the foregoing warranty and representation on behalf of the applicant.

APPLICANT: _____ TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT/BROKER NAME: _____