

# Environmental Impairment Liability Renewal Application



Zurich American Insurance Company  
1400 American Lane  
Schaumburg, Illinois 60196-1056

## Owner Information

Named Insured

Address

City

State

ZIP code

1. Please describe any changes, from last year's application, that have occurred in the last year, to the following:  
Covered locations, onsite waste disposal activities, raw/process materials used, effluent treatment and discharge, offsite waste disposal, air emissions, above ground tanks, underground storage tanks, transporters, and visitors. (Please refer to the Zurich Environmental Impairment Application for descriptions of these items.)

2. Please provide anticipated receipts for the current year

3. Describe any citation or prosecution for any violation of any standard or law relating to the release of a substance into the environment, any environmental claim, and/or any environmental incidents (spills or releases) which have occurred in the last year.

4. At the time of signing of this application, is the company aware of any circumstances which may reasonably be expected to give rise to a claim under the policy for which the company is applying?

Yes  No

If "Yes," provide outline details.

5. Please attach most recent financial statement.

The applicant acknowledges that he/she has reviewed the prior Environmental Impairment Liability Application and incorporates all statements made in that Application as applicable to this Application except for any changes, modifications, and/or additions stated in the renewal application.

The applicant represents that all statements in this application are true and correct to the best of their knowledge and that no material or relevant facts have been suppressed or misstated and agrees that the policy, if issued, will be issued on the reliance of such representations.

"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 concerning any fact material thereto, commits a fraudulent insurance act, which is a crime."

Completion of this form does not bind coverage, applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued, and it will be attached to the policy.

Applicant's signature

Title

Date

Agent/Broker's signature

Address

City

State

ZIP code