



ZURICH[®]

Z Choice Pollution Liability Application

THIS APPLICATION IS FOR A POLICY PROVIDING COVERAGE ON A DISCOVERY AND/OR CLAIMS MADE AND REPORTED BASIS DEPENDING UPON THE COVERAGE LISTED AS PROVIDED IN THE DECLARATIONS. PAYMENT OF DEFENSE COSTS ERODES THE LIMITS OF LIABILITY.

Steadfast Insurance Company

Dover, Delaware

Administrative Offices:

Zurich Towers, 1400 American Lane, Schaumburg, Illinois 60196-1056

Instructions

1. All questions must be answered.
2. If space is insufficient, attach additional sheets of paper, or utilize blank sheet at the end of the application.
3. As applicable, please attach the following:
 - Single "covered location" submission*
 - a. Loss information or reports of any discharges, releases or spills that could reasonably be expected to result in loss.
 - b. Copies of environmental assessments.
 - c. Emergency response or spill contingency plans (if any).
 - Multiple "covered location" submission*
 - a. All information required for single "covered location" submission.
 - b. Section III and IV of the application must be completed for each location.
 - c. Details of any due diligence process in use, to include a copy of any written procedures and/or policies.
 - Additional insureds*
 - a. Name and address
 - b. Relationship to Named Insured

I. General Information

1. Named Insured

2. Mailing address

City

State

ZIP code

3. Street address

City

State

ZIP code

4. Telephone number

5. Fax number

6. Contact name and title

[Empty text box for contact name and title]

7. E-mail address

[Empty text box for e-mail address]

8. Internet website address

[Empty text box for internet website address]

9. Named Insured is a:

- Corporation Partnership Joint venture Individual LLC
- REIT REMIC Mezzanine Financing Arrangement Other

Please attach a copy of the entity's most recent organizational chart or a diagram of the corporate structure

10. Do you anticipate utilizing a premium finance company for the policy premium? Yes No

11. Proposed effective date of coverage _____

12. During the last three (3) years has any insurance been declined or canceled? Yes No
If "Yes", provide details

[Empty text box for details of insurance declines]

13. Please provide a list of environmental insurance policies for the past three (3) years relevant to the locations for which this coverage is being sought. Attached list should specifically list the dates of issuance, identification of the carrier, applicable retroactive dates (if any), and limits of liability.

14. What is the property interest of the Named Insured
 Owner Tenant Lender Partner Other (please specify)

15. Is the Named Insured also the occupant of the insured location(s)? Yes No

16. Is the Named Insured aware of any contamination on the property(ies), or on any of the immediately adjacent properties which may impact the insured location? Yes No
If "Yes", attach detailed explanation.

17. Is the Named Insured aware of any natural resource damage, assessments or any threat to endangered species, protective habitat or other similar resources/species? Yes No

18. Does the Named Insured subcontract with any third party vendor for any aspect of its business, including, but not limited to in any advisory capacity? Yes No

If yes, please attach detailed explanation including, but not limited to, identification of particular aspects that are subcontracted.

19. Is the Named Insured the successor in interest to a bankrupt entity? If yes, please attach a detailed explanation including, but not limited to, the name of the predecessor and the particular type of bankruptcy.

II. Coverage options

20. Policy term
 One year Three years Five years Ten years Other _____ years

21. Limit of liability — Each Pollution Event Limit
 \$1,000,000 \$2,000,000 \$5,000,000 Other \$

22. Limit of liability — Total Policy Limit
 \$1,000,000 \$2,000,000 \$5,000,000 Other \$

23. Deductible

- \$10,000
- \$25,000
- \$50,000
- \$100,000
- Other* \$

* Attach latest year-end audited financial statements or 10K report for deductible of \$100,000 or greater.

III. Covered Location Description

24. Location name (if any)

25. Street address

City

State

ZIP code

26. Year of building construction

27. Current appraised property value

\$

28. Current use of property (as of and after the application date) : (check all that apply)

- Residential
- Hotel
- Manufacturing/Industrial
- Warehouse/Light industrial
- Retail
- Office
- Vacant land/Agricultural
- Other

29. For any use described in 28 above other than Residential, Hotel, Retail or Office, please describe with particularity the operations conducted at the "covered location(s)". Include in your description any storage (above and below ground), waste management/disposal/transportation operations.

30. Prior use history (prior to the application date): (check all that apply)

- Known
- Residential
- Hotel
- Manufacturing/Industrial
- Warehouse/Light industrial
- Unknown
- Retail
- Office
- Vacant land/Agricultural
- Other

31. Future use of property (after the application date): (check all that apply)

- Residential
- Hotel
- Manufacturing/Industrial
- Warehouse/Light industrial
- Retail
- Office
- Vacant land/Agricultural
- Other

32. Does the Named Insured or any of the persons or entities listed in Section VI. below, or any of their respective subsidiaries or affiliates, own property adjacent to or within a 5 (five) mile radius of any of the locations for which this coverage is being purchase and if yes, please identify.

IV. Historical Environmental and Regulatory Information

33. Have there been any occupants/tenants that generated, stored or handle regulated substances?

- Yes
- No
- Unknown

If "Yes", attach details.

34. Are there any current occupants/tenants that generate, store or handle regulated substances? Yes No Unknown

If "Yes", attach details.

35. Are there any current or former operations which require closure or post-closure activities per the Code of Federal Regulations, Title 40 or other similar state law or regulations?

- Yes
- No
- Unknown

If "Yes", attach details.

36. Is the property now, or has it ever been connected to a septic system/leach field?

- Yes
- No
- Unknown

If "Yes", attach details.

37. Are there now, or have there ever been any lagoons, cesspools, collection ponds, etc.? Yes No Unknown
If "Yes", attach details.
38. Are there wetlands on site? Yes No
a. If "Yes", are the wetlands delineated? Yes No
b. If "Yes", will the wetlands be impacted by any proposed development? Yes No
39. Have there been any reportable releases of any regulated substances? Yes No Unknown
If "Yes", attach details.
40. Have there been any remedial actions conducted? Yes No Unknown
If "Yes", attach details.

V. Transaction Information

41. Coverage is being requested in conjunction with a New purchase Refinancing Other (explain)

42. Other than a contract to buy or sell the property identified above, is there any relationship between the Named Insured and the seller? Yes No

If "Yes," provide details

43. If this is a refinancing transaction, what is the length of property ownership by the Named Insured _____ years

44. Is there an environmental indemnification agreement being utilized in this transaction? Yes No

If "Yes," provide a copy of the indemnification or applicable portion of the transaction agreement. Also verify the Named Insured has not waived its contractual rights or those arising as a matter of law.

VI. Other Insureds

45. Are there any persons or entities who will be added to the policy as insureds? Yes No

If "Yes," attach a listing of such persons and entities including a description of their relationship to the Named Insured

VII. Storage tank information

46. Are there any underground storage tanks (USTs) at the property? Yes No Unknown
If "Yes", is coverage requested? Yes No
If "Yes", complete the Storage Tank Supplemental Questionnaire. Yes No
47. Have any USTs been removed, abandoned or closed in place? Yes No Unknown
If "Yes", has a regulatory agency issued a "No Further Action" letter or given some other form of approval for the closure of the UST(s)? Yes No Unknown
If "Yes", attach a copy of confirming documentation.
48. Are there any above ground storage tanks (ASTs) at the property? Yes No
If "Yes", complete the Storage Tank Supplemental Questionnaire.

PLEASE NOTE: **Tightness** test documentation is required for **underground** tanks that are five (5) years or older, and do **not** have an automatic leak detection system. Test must show passing results and be within the last year.

VIII. Representations

49. Is the Applicant* aware of any fact, circumstance or situation which could result in a claim(s) being made against it or any other person or entity for whom coverage will be sought arising from the release of any hazardous substance or pollutant into the environment? Yes No

If "Yes," please describe

50. During the past five (5) years the Applicant been, or is being currently being prosecuted for any violation of any standard or law relating to the release or threatened release of any hazardous substance or pollutant at or from any location into the environment? Yes No

If "Yes", describe in detail.

51. Is the Applicant aware of any reportable discharges, releases or spills during the past five (5) years of any hazardous substance or pollutant at or from any locations for which this application is being made? Yes No

If "Yes", describe in detail.

52. During the past five (5) years have there been any claims made against the Applicant resulting from the actual or alleged release of any hazardous substance or pollutant at or from any location for which this application is being made Yes No

If "Yes", describe in detail.

For the purposes of questions 47 through 50 above and for the representation below, "Applicant" includes the entity together with any director, officer, partner or manager thereof.

The applicant represents that all statements in this application, including statements or representations contained in the Storage Tank Supplemental Questionnaire, 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. The applicant represents that due diligence has been conducted to know of the information listed on this application.

Notice to Arkansas and Louisiana Applicant

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Notice to Colorado Applicant

"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."

Notice to Florida Applicant

"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 of the third degree."

Notice to Kentucky Applicant

"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 Maine Applicant

"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."

Notice to Nebraska Applicant

"No misrepresentations or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under the policy or contract unless such misrepresentation or warranty:

1. was material;
2. was made knowingly with the intent to deceive;
3. was relied and acted upon by the company; and,
4. deceived the company to its injury.

The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss."

Notice to New Jersey Applicant

"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 Applicant

"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 and criminal penalties."

Notice to New York Applicant

"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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

Notice to Ohio Applicant

"Any person who with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

Notice to Oklahoma Applicant

"WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Notice of Pennsylvania Applicant

"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."

Notice to Tennessee Applicant

"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 coverage."

Notice to Virginia Applicant

"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, fine and denial of insurance benefits."

Notice to Washington D.C. Applicant

"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 fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Notice to All Other State Applicants

"Any person who knowingly includes any false or misleading information for an insurance policy commits a fraudulent act and is subject to fines, imprisonment, or other criminal or civil penalties."

Completion of this form does not bind coverage. The applicant's acceptance of a 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 will become part of the policy. The applicant represents that due diligence has been conducted in completion of the information listed on this application.

Named Insured's authorized signature

Printed name of authorized person

Title

Date

Insurance representative

Name of firm

Address

City

State

ZIP code

Telephone number

Fax number

Surplus lines agent (SLA) (for the state where the Named Insured is domiciled)

Address

City

State

ZIP code

Surplus lines number

