

This application is for use in applying for Facility Pollution Liability coverage.

- Three years of currently valued loss information for all lines of coverage requested. 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

Named Insured: _____ Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Phone: _____
 Email: _____ Website: _____
 Corporate entity is: Corporation Individual Partnership Joint Venture Other (please attach description)
 What year was the entity founded: _____ What is your fiscal year period? _____
 Total revenue for the most recent 12-month period: _____
 Total revenue anticipated for the next 12-month period: _____

Coverage Information

Existing Coverage

	Carrier	Limits	Deductible	Eff. Date	Retro. Date	Premium
Commercial General Liability						
Contractor's Pollution Liability						
Professional Liability						

Requested Coverage

	Limits	Deductible/Retention	Eff. Date	Retro. Date
Commercial General Liability				
Contractor's Pollution Liability				
Professional Liability				

Scheduled Property Information

Must be completed for each property to be considered for coverage.

Named Insured: _____ Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Total Property Size (Acres or Sq Ft): _____ Total Annual Revenues Associated with Property _____
 Phone: _____ Email: _____

Provide a detailed description of current property use(s):

Occupancy/Interest: Owner Lessor Manager Mortgagor Other (Please provide explanation)

Is a significant change in use for the proposed scheduled property anticipated or planned for the requested policy period?

Yes No

Has a significant change in use for the proposed scheduled property occurred any time in the last five (5) years?

Yes No

If yes, is answered to either question above, please describe or attachment:

Do operations at the scheduled property include the storage, treatment, handling, transport, detoxification or disposal of any chemicals, wastes or any regulated substance?

Yes No

If yes, please provide a complete description of operations and manifest of all chemicals/substances and amounts.

Yes No

Are there any underground storage tanks installed or in use at the scheduled property?

Yes No

If yes, please complete the attached Century environmental underground storage tank addendum.

Have any underground storage tanks ever been removed from, or closed in-place, at the scheduled property?

Yes No

If yes, please attach evidence of proper tank closure, including closure letters, no further action letters or other regulatory documentation.

Are there any above-ground storage tanks installed or in use at the scheduled property?

Yes No

If yes, please complete the attached Century environmental above-ground storage tank addendum.

Has this scheduled property had any water intrusion, indoor air quality or mold related circumstances, or construction defect issues encountered?

Yes No

Has this scheduled property been the subject of any legionella pneumophila outbreaks or bed-bug infestations?

Yes No

Have any mold inspections or indoor air quality reports been completed for the scheduled property, or any portion thereof?

Yes No

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.

Yes No

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?

Yes 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?

Yes No

Has this scheduled property been the subject of any site assessment, subsurface investigation or other environmental due diligence, investigation or report?

Yes No

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.

Claims Information

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?

Yes No

If yes, please describe or provide attached reference:

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?

Yes No

If yes, please describe or provide attached reference:

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?

Yes 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.

Owner or Officer of Applicant Signature

Date

Printed Name

Title

Facility Exposures Environmental Liability Policy

Underground Storage Tank Addendum

Named Insured: _____ Facility Name: _____

UST SCHEDULE					
Tank ID or #					
Year Installed					
Capacity (Gallons)					
Contents					
Tank Construction					
Construction Method					
Overfill/Spill Protection					
Leak Detection					
Piping Construction					
Piping Leak Detection					

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

Contents		Tank Construction		Construction Method		Overfill / Spill Protection	
G	Gasoline	S	Bare Steel	SW	Single Walled	NA	None
D	Diesel	F	Fiberglass	DW	Double Walled	BC	Ball Check Valve
F	Fuel Oil	FCS	Fiberglass Clad Steel			SC	Spill Containment
W	Waste Oil	CPS	Cathodically Protected Steel			FS	Flow Shut-Off
K	Kerosene	FRP	Fiberglass Reinforced Plastic			A	Alarm / Gauges
H	Hazardous	STI	STI-P3			F	Tight Fill
C	Chemical	PCL	Plastic Clad Steel			O	Other
O	Other	R	Internal Reclined				

Leak Detection		Piping Construction		Piping Leak Detection	
M	Manual Gauging	S	Bare Steel	S	Same as Tank
IR	Inventory Reconciliation	F	Fiberglass	IM	Interstitial Monitoring
IM	Interstitial Monitoring	P	Polyethylene	E	Electronic Line Leak Detection
TT	Tightness Tests	HP	High-Density Poly	M	Electronic Line Leak Detection
GW	Groundwater Monitoring	CPS	Cathodically Protected Steel	TT	Tightness Tests
VW	Vapor Monitoring	B	Black Iron	V	Valve/Suction Check
				N	None

- Are there any plans to upgrade, remove or replace any of the underground storage tanks listed above within the next two years? Yes No
- Have any of the underground storage tanks listed above been repaired, upgraded or relined in the last five years? Yes No
- Were all of the underground storage tanks listed above new at the time of their original installation? Yes No
- Are any of the underground storage tanks listed above currently closed in-place or subject to any closure proceedings? Yes No
- Are any of the underground storage tanks listed above currently covered under another pollution or storage tank insurance policy? Yes No

Facility Exposures Environmental Liability Policy

Above Ground Storage Tank Addendum *(Use additional copies of this page as necessary)*

Named Insured: _____ Facility Name: _____

UST SCHEDULE					
Tank ID or #					
Year Installed					
Capacity (Gallons)					
Contents					
Tank Construction					
Construction Method					
Leak Detection					
Piping Construction					
Piping Leak Detection					
AST Base					
AST Diking					

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

Contents		Tank / Piping Construction		Construction Method		Leak Detection	
G	Gasoline	S	Bare / Welded Steel	SW	Single Walled	M	Manual Gauging
D	Diesel	SS	Stainless Steel	DW	Double Walled	IR	Inventory Reconciliation
F	Fuel Oil	P	Plastic / Poly			V	Visual Inspection
W	Waste Oil	C	Concrete			E	Electronic Gauging
K	Kerosene	F	Fiberglass			IM	Interstitial Monitoring
H	Hazardous						
C	Chemical						
O	Other						

Base / Diking Construction	
E	Dirt / Earthen
C	Concrete / Masonry
S	Synthetic Liner
O	Other
N	None

Are any of the above-ground storage tanks or associated piping listed above out of compliance with any local, state or federal regulations? Yes No

Is there a certified Spill Prevention Control & Countermeasure (SPCC) plan for this facility? Yes No

Are any of the above-ground storage tanks listed above portable? Yes No

Are all above-ground storage tanks listed above located within secondary containment? Yes No

Are there any plans to remove or replace any of the above-ground storage tanks listed above? Yes No