

## Quaker Environmental

P.O. Box 1350 Eatontown, New Jersey 07724  
 Tel (800) 447-4180 Fax (732) 223-9072  
[www.qsr-insurance.com](http://www.qsr-insurance.com)

# Environmental Impairment Liability Application

This application is NOT an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details on a separate sheet of paper. All Applicants must sign the application where indicated.

PRODUCER	APPLICANT
Name: _____	Name: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____
Fax #: _____	Fax #: _____
Email Address: _____	Email Address: _____
Web Address: _____	Web Address: _____
PRODUCER NAME: _____	PRIMARY CONTACT NAME: _____

SECTION I. General Information		Space is supplied on page 3 for providing additional information
Describe specifically the operations of the Applicant: _____		
Total Number of Locations: _____		
<b>YES</b>	<b>NO</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Has the Applicant during the past five (5) years had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants, as defined by the applicable environmental statutes or regulations? <b>If YES, describe in detail.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Has the Applicant during the last five (5) years been prosecuted, or is the Applicant currently being prosecuted, for contravention of any standard or law relating to the release or threatened release from the location of a hazardous substance, hazardous waste or any other pollutant? <b>If YES, describe in detail.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Has the Applicant had any claims made against them in the past five years for cleanup or response action, "toxic tort" or other bodily injury, or property damage resulting from the release of hazardous substances, hazardous waste, or other pollutants, from any location owned or operated by the Applicant, into the environment. <b>If YES, provide a brief description of the claims and the disposition.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental cleanup or response, or for bodily injury or property damage arising from the release of pollutants into the environment? <b>If YES, describe in detail.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have an Emergency Response Plan? <b>If YES, attach a copy.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a documented inspection program? <b>If YES, attach a copy.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a formal written Fire Protection Plan? <b>If YES, attach a copy.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Is the Applicant a generator of hazardous waste? <b>If YES indicate:</b> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <input type="checkbox"/> <b>Conditional Small Quantity</b>  <input type="checkbox"/> <b>Small Quantity</b>  <input type="checkbox"/> <b>Large Quantity</b> </div>

SECTION II. Retention, Limit & Coverage	
Effective Date: _____	Retro Date: _____
Retention Type: <input type="checkbox"/> Self-Insured Retention <input type="checkbox"/> Deductible	Policy Term: <input type="checkbox"/> One Year <input type="checkbox"/> Two Year <input type="checkbox"/> Three Year <input type="checkbox"/> Other _____
Retention Amount: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Other _____	Limits of Liability: <input type="checkbox"/> \$1M/\$1M <input type="checkbox"/> \$5M/\$5M <input type="checkbox"/> Other _____

**SECTION III. Covered Location(s)**

Please copy and submit for each location  
Space is supplied on page 3 for providing additional information

<b>Loc #</b> ____	Name:	Description of Operations:	Age of Facility:
	Address:		
	City, State, Zip:		

Description of Past Occupancies and Land Use:	Description of Surrounding Environment and Land Use:
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YES  NO Have any Environmental Site Assessments been performed at this location? **If YES, attach copies.**

Permits and Ground Water Monitoring:  POTW  NPDES  AIR  Stormwater  Other \_\_\_\_\_ (please describe)

YES  NO On-site ground water monitoring wells? **If YES, how many?** \_\_\_\_\_

**Provide monitoring results from past 4 samples and a map showing the location of the wells and groundwater flow direction.**

Description of nearby surface water bodies (streams, lakes, wetlands, etc.):

Description of any protected environments in the area (parks, wildlife reserves, etc.):

**RAW/HAZARDOUS MATERIALS USED OR STORED ON-SITE (solvents, reactants, etc.):**

DESCRIPTION	QUANTITY PER YEAR	QUANTITY ANY ONE TIME	STORAGE TYPE (E.G., DRUM, ETC)	SECONDARY CONTAINMENT

**STORAGE TANKS ON-SITE:**

TANK # or NAME	CONTENTS (*2)	CONSTRUCTION (*1)	CAPACITY	YEAR INSTALLED	AST or UST	SECONDARY CONTAINMENT
<i>Example</i>	<i>Diesel</i>	<i>Bare Steel</i>	<i>5,000 gal</i>	<i>1999</i>	<i>AST</i>	<i>110% Volume – Poured Concrete</i>

Explain any tank inventory control and/or testing methods used (Attach latest tank test results):

**WASTE SENT OFF SITE:**

TYPE	MODE OF TRANSPORT	QUANTITY	DISPOSAL SITE/WASTE TRANSFER FACILITY
			Name: Address: City, State, Zip:
			Name: Address: City, State, Zip:
			Name: Address: City, State, Zip:

**\*1 TANK/PIPING CONSTRUCTION MATERIALS**

- D/W = Double Walled 2<sup>nd</sup> Containment
- F/S = FRP/Steel Comp.
- STI = STI-P3
- FRP = Single Walled FRP
- CP/S = Cathodically Protected Steel
- S = Coated Bare Steel

**\*2 CONTENTS**

- R = Regular Gasoline
- U = Unleaded
- WO = Waste Oil
- D = Diesel
- NO = New Oil
- HO = Heating Oil
- O = Other (please describe)

**SECTION IV. Additional Information**

Check here if this section does not apply.

Please provide further descriptions below for questions which request additional detail:

Releases or Spills?	
Prosecution?	
Past/Current Claims?	
Potential Claims?	
Tank Inventory Control/Testing Methods?	
Additional Comments?	

**WARRANTY**

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

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 Company's quotation and Company's written agreement to be bound is required to bind coverage and to issue policy.

**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.**

**GENERAL FRAUD STATEMENT: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. IN THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE AND VIRGINIA, INSURANCE BENEFITS MAY ALSO BE DENIED. [NOT APPLICABLE IN COLORADO, HAWAII, NEBRASKA, OHIO, OKLAHOMA, UTAH AND VERMONT]"**

**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 POLICY HOLDER OR CLAIMANT WITH REGARD TO SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.”

**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 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 ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.”

**NOTICE TO UTAH APPLICANTS:** “FOR YOUR PROTECTION, UTAH LAW REQUIRES THE FOLLOWING TO BE INCLUDED IN THIS APPLICATION: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT UNDERWRITING INFORMATION, FILES OR CAUSES TO BE FILED A FALSE OR FRAUDULENT CLAIM FOR DISABILITY COMPENSATION OR MEDICAL BENEFITS, OR SUBMITS A FALSE OR FRAUDULENT REPORT OR BILLING FOR HEALTH CARE FEES OR OTHER PROFESSIONAL SERVICES IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.”

The Signatory hereby acknowledges that he/she is aware that the aggregate limit shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Company shall not be liable for the costs of legal defense or for the amount of any judgment or settlement or cleanup costs to the extent that such exceeds the limit of liability of this policy.

The Signatory hereby further acknowledges that legal defense costs that are incurred shall be applied against the self-insured retention/deductible amount.

Should the signatory become aware of any change or omission relative to the information provided herein subsequent to the completion of this application and precedent to the effecting of insurance, the undersigned promissory warrants that he/she will submit to American Safety Insurance supplementary advice specifying such change or omission. Notwithstanding the immediate foregoing, however, the signatory further promissory warrants that he/she will inform American Safety Insurance of any change or omission with respect to any answers given in this application at any time subsequent to the completion thereof, provided insurance has been effected. It is agreed that the duty imposed upon the signatory by virtue of the foregoing promissory warranties, shall be nondelegable. It is further agreed that this application shall be the basis of any insurance as may be subsequently effected by American Safety Insurance and is incorporated and made part of the policy. American Safety Insurance will rely upon the veracity of all responses thereto in causing such insurance to be effected. It is further understood and agreed that all representations and warranties made to American Safety Insurance also are made to the issuing carrier.

APPLICANT

DATE

\_\_\_\_\_  
Signature of Principal or Officer

PRODUCER

DATE

\_\_\_\_\_  
Signature of Producer