



PREMISES ENVIRONMENTAL COVERAGE (PEC) APPLICATION

Section I - GENERAL INFORMATION

Named Insured:

Address:

Telephone Number:

Fax Number:

SIC Code:

Annual Revenues: \$

Website:

Address of the location(s) for which you are seeking coverage (attach an additional sheet if needed):

Other Insureds to be listed on the policy and relationship to the Named Insured (attach an additional sheet if needed):

Other Insureds	Relationship to Insured

Limits and Deductible (please put a check next to each option you would like to see):

DEDUCTIBLE		EACH LOSS LIMIT		TOTAL ALL LOSSES LIMIT		POLICY TERM	
<input type="checkbox"/>	\$5,000	<input type="checkbox"/>	\$500,000	<input type="checkbox"/>	\$500,000	<input type="checkbox"/>	1 Year
<input type="checkbox"/>	\$10,000	<input type="checkbox"/>	\$1,000,000	<input type="checkbox"/>	\$1,000,000	<input type="checkbox"/>	2 Year
<input type="checkbox"/>	\$25,000	<input type="checkbox"/>	\$2,000,000	<input type="checkbox"/>	\$2,000,000	<input type="checkbox"/>	3 Year
<input type="checkbox"/>	\$50,000	<input type="checkbox"/>	\$5,000,000	<input type="checkbox"/>	\$5,000,000	<input type="checkbox"/>	
<input type="checkbox"/>	\$100,000	<input type="checkbox"/>	\$10,000,000	<input type="checkbox"/>	\$10,000,000	<input type="checkbox"/>	
Other: <input type="checkbox"/>	\$	Other: <input type="checkbox"/>	\$	Other: <input type="checkbox"/>	\$	Other: <input type="checkbox"/>	

RETROACTIVE DATE:

If left blank, a Retroactive date of policy inception will be quoted.

Section II - COVERAGE

1. Please check the box for each coverage you would like:

- Remediation Expense On-site Contamination
- Remediation Expense Off-site Contamination
- Third Party Bodily Injury and Property Damage
- Non-Owned Locations Coverage*
- Transported Cargo Coverage*
- Underground Storage Tank Coverage*
- Mold Coverage*
- Zoonotic Diseases Coverage*

***Additional information required for these coverages. Please complete the applicable sections below.**

Section III – SITE OPERATION AND HISTORY

1. Do you have any environmental site assessments or questionnaires that have been performed for the location(s) where you would like coverage? Yes No
If yes, please attach.

2. In what year were the structures on the location(s) built?

3. Please describe the operations that take place at the location(s) for which you are seeking coverage:

4. Are there any anticipated changes in use of the location(s) during the policy period? Yes No
If yes, please describe:

5. What are the previous uses of the location?

6. Has waste ever been disposed of at this location? Yes No
If yes, please describe:

7. Is there a dry cleaner at the location? Yes No

8. Are there any abandoned tanks or equipment at the location? Yes No
 If yes, have they been closed in accordance with regulation? Yes No

9. Have you had or do you currently have any environmental insurance in place? Yes No
If yes, provide information below and include a copy of the policy:

Carrier	Limit	Deductible	Policy Term	Premium

10. With respect to prior coverage, has any Underwriter refused, canceled, or non-renewed coverage? Yes No
(Not applicable in Missouri)
If yes, provide details:

Section IV - RAW MATERIALS

Please provide the following information:

NAME	QUANTITY (at any one time)	STORAGE (on pallet, 55 gallon drum, etc.):

Section V - WASTE

Please provide the following information:

TYPE OF WASTE	QUANTITY (at any one time)	METHOD OF STORAGE ON-SITE	DISPOSAL METHOD

Section VI - WATER

- | | |
|---|-------------------------------------|
| 1. Is there any surface water on your location?
If yes, what kind (lined pond, intermittent stream, river, etc.)? | Yes No |
| 2. Are there any potable water wells on your location?
If yes, is water tested annually?
Do the results meet federal, state, and local standards? | Yes No
Yes No
Yes No |
| 3. Are there third party drinking water wells located within a ½ mile of your location? | Yes No |
| 4. Is there a septic system at your location?
If yes, is it connected to areas storing hazardous substances? | Yes No
Yes No |

Section VI - PERMITS

1. **Please provide copies of any Air, NPDES, or other discharge permits for your location.**

Section VII - THIRD PARTIES

1. **Please list the neighbors in the vicinity of your locations and their property use (i.e. residential, dry cleaner, etc.):**

2. Do third parties regularly come on to your location? Yes No
 If yes: for what purpose?

How many on an average day?

How often?

Section VII - ADDITIONAL COVERAGE INFORMATION

NON-OWNED LOCATIONS (NOL)

N/A

For Non-Owned Locations coverage, please complete the table (attach an additional sheet if necessary):

1. Have you ever been in a legal action or suit or given PRP status concerning the disposal of waste materials? Yes No If yes, please attach details.

NOL Address	Method of Transportation	Material Sent to the NOL	Volume Shipped
Name/Operator: Address: EPA ID No.: Operations at site: (Landfill, etc.)	Own Vehicles Third party carrier (specify):	Construction Debris/Office Trash Vehicle Maintenance Fluids Hazardous Material (Specify): Other: (Specify):	Per Month Quarter Year
Name/Operator: Address: EPA ID No.: Operations at site: (Landfill, etc.)	Own Vehicles Third party carrier (specify):	Construction Debris/Office Trash Vehicle Maintenance Fluids Hazardous Material (Specify): Other: (Specify):	Per Month Quarter Year
Name/Operator: Address: EPA ID No.: Operations at site: (Landfill, etc.)	Own Vehicles Third party carrier (specify):	Construction Debris/Office Trash Vehicle Maintenance Fluids Hazardous Material (Specify): Other: (Specify):	Per Month Quarter Year

TRANSPORT ENVIRONMENTAL COVERAGE

N/A

1. What materials are being transported to and from your location?

2. Please describe the conveyance and containment (i.e. 55 gallon drum in pickup truck):

3. How often is your material being picked up and who is the carrier?

4. Please provide the following information on the vehicles you operate by vehicle type:

Vehicle Type	Number of Units	Cargo or Material Hauled (indicate if hazardous)	Radius of Operation
Private Passenger			
Light Truck			
Medium Truck			
Heavy/Extra Heavy Truck			
Trailers			
Other:			

STORAGE TANK

N/A

Please utilize the table and key below to provide information about your storage tanks. UST means underground storage tank. AST means above-ground storage tank.

Are all of your tanks in compliance with the applicable regulations?
If no, please provide details:

Yes No

1. Please complete the information below for the tanks you would like covered:

Tank No.	UST	AST	Size (Gallons)	Age	Construction (Material, Single or Double Wall)	Contents (specify material)	Leak Detection Prevention Method (specify for tank and piping)*	Containment Is the AST diked? Construction of dike?		Piping** see key below
								Yes	No	
								Yes	No	
								Yes	No	
								Yes	No	
								Yes	No	
								Yes	No	
								Yes	No	

*If tank tightness testing, leak detection, or inventory monitoring and control systems, **please provide copies of the most recent test data.**

** Piping Key: P=pressure flow; S=suction flow; DBW=double wall; SW=single wall

MOLD

N/A

1. In what year was your facility built?
2. **Please provide a copy of your mold management plan and HVAC maintenance plan.**
3. Please describe how you respond to water intrusion events (flooding, pipe leakage, etc.):

4. Please provide details of all previous mold-related incidents, claims or losses (attach additional pages if needed):

ZOONOTIC DISEASE

N/A

- | | | |
|---|-----|----|
| 1. Is there animal contact at your facility? | Yes | No |
| 2. Have you implemented the CDC federal guidelines to protect visitor health?
If yes, please provide a description of measures implemented: | Yes | No |
| 3. Number of visitors per year: | | |

PATHOGENIC AND RADIOLOGICAL WASTE

N/A

- | | | |
|--|-----|----|
| 1. Do you generate or handle radioactive waste?
If yes, please provide a detailed description the source of your waste handling, storage and disposal methods: | Yes | No |
| 2. Do you generate or handle pathogenic waste?
If yes, please provide a detailed description of the source, your waste handling, storage and disposal methods: | Yes | No |

<p>Section VIII – LOSS HISTORY Must be completed by all Applicants</p>
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- | | | |
|--|-----|----|
| 1. In the past five (5) years: | | |
| a. Have you been required to do any remediation at the location for which you are seeking coverage?
If yes, please describe: | Yes | No |
| b. Have there been any reportable discharges or releases of any hazardous substances or pollutants at or from any locations for which you are seeking coverage?
If yes, please describe: | Yes | No |

- c. Have there been any claims made against you resulting from the actual or alleged release of pollutants at, on, under, or from the site for which you are seeking coverage? Yes No
If yes, please provide details:

2. Are you aware of any fact or circumstance that could reasonably be expected to result in a claim arising from a release to the environment from the site for which you are seeking coverage? Yes No

No application will be accepted unless signed by the Applicant

The applicant warrants that all answers to the questions on this application are true and correct. 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 any facts thereto, commits a fraudulent insurance act, which is a crime.

Application Addendum

Philadelphia Insurance Companies or its authorized representatives is hereby authorized to conduct such inquires as necessary to verify all information contained in this application. Authorization is also given to obtain a personal credit report on the principal of the company.

FRAUD NOTICE STATEMENTS

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 INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO ALASKA RESIDENTS APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

NOTICE TO ARKANSAS RESIDENT APPLICANTS: "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 FINES AND CONFINEMENT IN PRISON."

NOTICE TO ARIZONA RESIDENTS APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO COLORADO RESIDENTS 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 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 DISTRICT OF COLUMBIA APPLICANTS: "WARNING: 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 FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA RESIDENTS APPLICANTS: “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 APPLICANTS: “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 LOUISIANA RESIDENTS APPLICANTS: “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 FINES AND CONFINEMENT IN PRISON.”

NOTICE TO MAINE RESIDENTS APPLICANTS: “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.”

RESIDENTS OF MARYLAND APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

RESIDENTS OF MINNESOTA APPLICANTS: “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.”

RESIDENTS OF NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

RESIDENTS OF NEW MEXICO APPLICANTS: “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 FINES AND CRIMINAL PENALTIES.”

RESIDENTS OF NEW YORK 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 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.”

RESIDENTS OF OHIO APPLICANTS: “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.”

RESIDENTS OF OKLAHOMA APPLICANTS: “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.”

RESIDENTS OF OREGON APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.”

RESIDENTS OF PENNSYLVANIA 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 INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

RESIDENTS OF TENNESSEE APPLICANTS: “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 INSURANCE BENEFITS.”

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VIRGINIA APPLICANTS: "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 AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA APPLICANTS: "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 FINES AND CONFINEMENT IN PRISON."

Insured Signature Date

Title

Producer Signature Date