



Remediation Coverage

SERVICE BUSINESS PACKAGE LIABILITY APPLICATION NEW BUSINESS

E-MAIL COMPLETE SUBMISSION TO:

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ATTACH ADDITIONAL PAGES TO PROVIDE ADDITIONAL INFORMATION REQUESTED

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THIS APPLICATION IS FOR AN INSURANCE POLICY OFFERING SOME COVERAGES ON A CLAIMS-MADE AND REPORTED BASIS. PLEASE READ THE POLICY, ENDORSEMENTS, AND ALL NOTICES CAREFULLY AND DISCUSS THE COVERAGE AFFORDED WITH YOUR AGENT OR BROKER.

PART I – Coverage Requested (check all that apply)

Effective Date: _____

“Claims-Made” or “Occurrence” Coverage is available for Contractors Pollution Legal Liability Coverage.

“Claims Made” only coverage is available for Professional Liability and Environmental Impairment Liability, Disposal Site and Products Pollution Liability Coverage.

- | | | |
|---|---|--|
| <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY | <input type="checkbox"/> PROFESSIONAL LIABILITY | <input type="checkbox"/> CONTRACTORS POLLUTION LIABILITY |
| <input type="checkbox"/> ENVIRONMENTAL IMPAIRMENT LIABILITY | <input type="checkbox"/> EXCESS LIABILITY | |

Supplemental Pollution Coverages (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> TRANSPORTATION POLLUTION LIABILITY | <input type="checkbox"/> NATURAL RESOURCE DAMAGES | <input type="checkbox"/> MICROBIAL SUBSTANCES |
| <input type="checkbox"/> DISPOSAL SITE LIABILITY | <input type="checkbox"/> PRODUCTS POLLUTION (Sales) | <input type="checkbox"/> PRODUCTS POLLUTION (Mfg. / Design) |

Supplemental General Liability Coverages (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> HIRED/NON OWNED AUTO | <input type="checkbox"/> EMPLOYEE BENEFITS LIABILITY | <input type="checkbox"/> STOP GAP COVERAGE (ND, OH, WA, WY) |
|---|--|---|

Supplemental Excess Coverage Enhancements (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> EXCESS COMMERCIAL AUTO | <input type="checkbox"/> EXCESS EMPLOYERS LIABILITY |
|---|---|

Limits Desired: \$ _____

Deductible Options (check all that apply): ☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ \$50,000 ☐ Other: \$ _____

PART II – Applicant Information:

Applicant Entity Name: _____ Year Established: _____

DBA: _____ FEIN: _____ Contact Name, Title: _____

Corporate Mailing Address: _____

Applicant is: ☐ Sole Proprietor ☐ Partnership ☐ Joint Venture ☐ Corporation ☐ Other

Does the applicant have: ☐ Subsidiaries ☐ Parent Company ☐ Related Entities

Has the applicant, affiliate, or predecessor entity ever been (or is currently) the subject of bankruptcy related restructuring, insolvency or other debtor related proceeding, or has it made an assignment for the benefit of creditors. ☐ Yes ☐ No (If yes, attach additional details)

Website: _____

PART III – Expiring Insurance Program:

- Do you currently have a similar Service Business or an Environmental Package Policy? ☐ Yes ☐ No
If yes, please provide a copy of your current Policy, Declarations and list of Endorsements.
- Has any carrier refused to renew or has initiated a cancellation with respect to a policy issued to the applicant? ☐ Yes ☐ No
(If yes, attach additional details)

PART IV – Annual Revenues:

1. Estimated Gross Revenues for current fiscal year \$ _____ Next fiscal year \$ _____ Prior fiscal year \$ _____
2. What percentage of estimated revenue is generated by wrap up projects? _____%
3. What percentage of estimated revenue is generated by subcontracting work to others? _____%
4. Describe the services typically subcontracted to others _____
5. What percentage of estimated revenue is generated from work in New York State (including 5 boroughs)? _____%
6. What percentage of estimated revenue is generated from Fracking or Fracking Related Operations? _____%
7. What percentage of total operating revenue come from services for new residential construction? _____%
8. What percentage of total operating revenue come from services for new Tract, Condo, Townhome, Duplex, Triplex or Patio Home developments? _____%
9. Allocate the percentage of geographic revenue: Domestic _____% Foreign _____%
10. Describe the type of operations engaged in, outside of the United States and Canada. Include a list of countries where operating.
11. Specify which states, within the United States, operations are conducted. _____
12. Will revenue be generated in this current fiscal year or the next fiscal year from new contracting, professional, technology services or from any new process? If yes, explain. _____

PART V – Client Type:

1. Specify below the applicants client type by percentage. Total must equal 100%.
Commercial _____% Industrial _____% Manufacturing _____% Residential _____% Private _____%
Federal Gvt _____% State Gvt _____% Local Gvt _____% Transportation _____% Utilities _____% Other _____%

PART VI – Staffing:

1. Specify the total members of staff employed: Total _____ Directors / Principals _____ Licensed Professionals _____
Unlicensed Professionals _____ Clerical/Admin _____

PART VII– Claims History:

1. Has Applicant ever been subject to any claim by a client or other third party? ☐ Yes ☐ No
2. In the past 5 years, has the Applicant or related entity become aware of any circumstances that could result in a claim, suit or notice of incident being brought against them? ☐ Yes ☐ No
3. In the past 5 years has the Applicant or any related entity been the subject of a disciplinary action as a result of their professional activities? ☐ Yes ☐ No
4. Has Applicant submitted a GL,CPL,PL or EIL insurance claims in the last 3years? ☐ Yes ☐ No

Attach Loss Runs. If “Yes” has been answered to any question in this section, provide the dates of all claims, actions, suits or notices; dates the acts, errors, omissions gave rise to the claims, suits, actions or notices; names of all claimants; the nature of all claims, actions, suits or notices; the amounts initially demanded; the maximum amount of reserves established; and any / all final dispositions including all settlement amounts.

PART VII – Insured Operations:

1. Does the Applicant use a standard written contract with clients? ☐ Yes ☐ No (If yes, submit with this application)
2. Does the Applicant’s contract with clients contain a limitation of liability clause? ☐ Yes ☐ No
3. Does the Applicant offer service representations & warranties? ☐ Yes ☐ No
4. Does the Applicant use a standard written contract with its sub-contractors? ☐ Yes ☐ No (If yes, submit with this application)
5. Does the Applicant require subcontractors to:
 - a) Provide additional insured status? ☐ Yes ☐ No
 - b) Waive Subrogation rights? ☐ Yes ☐ No
 - c) Provide hold harmless and indemnification to the extent possible by law? ☐ Yes ☐ No
 - d) Carry minimum limits of liability of 1MM for GL,CPL,PL? ☐ Yes ☐ No
6. Does the Applicant have an in house continuing education program? ☐ Yes ☐ No
7. Are the Applicant’s personnel trained in the use of personal protective equipment? ☐ Yes ☐ No
8. Does the Applicant have personnel responsible for environmental compliance? ☐ Yes ☐ No
9. Does the Applicant select disposal sites for hazardous or non-hazardous waste disposal? ☐ Yes ☐ No
10. Does the Applicant arrange for the disposal of hazardous or non-hazardous waste? ☐ Yes ☐ No
11. Does the Applicant own, operate or lease waste treatment, storage or disposal facilities? ☐ Yes ☐ No
12. Does the Applicant have written Spill Prevention, Control and Countermeasure(SPCC) Plan ☐ Yes ☐ No
13. Does the Applicant have corporate contracts reviewed by counsel? ☐ Yes ☐ No

PART VII – Insured Operations (continued):

14. Does the Applicant make use of short term labor?

☐ Yes ☐ No

15. Do you use Drones as part of the services you provide?

☐ Yes ☐ No**PART IX – Contracted and Professional Services:**☐ DOES NOT APPLY

1. Has the applicant discontinued or offered any new services over the past 12 months?

☐ Yes ☐ No

2. Provide percentage of gross revenue derived from operations. Total percentage for A.B. and C below must equal a cumulative 100%

A. Professional Services**%**

| | | | |
|--|-------|--|-------|
| Asbestos Consulting | ____% | Mold Consulting | ____% |
| Environmental Consulting | ____% | Non-Environmental Consulting | ____% |
| Environmental Engineering | ____% | Non-Environmental Engineering | ____% |
| Construction Materials Testing | ____% | Energy Consulting | ____% |
| Corrosion Consulting | ____% | Corrosion Engineering | ____% |
| Env. Permitting and Regulatory Compliance | ____% | Chemical Engineering | ____% |
| Environmental Assessments – Phase I | ____% | Environmental Assessments – Phase II and III | ____% |
| Expert Witness Services | ____% | Environmental Laboratory Services | ____% |
| Fracking / Natural Gas Consulting | ____% | Fracking / Hydraulic Fracking System Design | ____% |
| Geology and Hydrogeology Consulting | ____% | Geotechnical Engineering | ____% |
| HVAC / Mechanical / Electrical Design | ____% | Industrial Hygiene, Health and Safety Consulting | ____% |
| Injection Well Design & Consulting | ____% | Lead / PCB Consulting | ____% |
| Mud / Drilling Fluids Engineering | ____% | Mud Logging | ____% |
| Oil Field Consulting | ____% | Hydrogen Sulfide Monitoring | ____% |
| Pipeline Inspections & Consulting | ____% | Pollution Control / Management Consulting | ____% |
| Remediation Design and Oversight | ____% | Sampling – Soil, Groundwater, Air | ____% |
| Software Consulting and Design | ____% | Environmental Surveying | ____% |
| Training | ____% | UST/Storage Tank Testing & Consulting Services | ____% |
| Water Treatment System Consulting / Design | ____% | Waste Management Brokering / Consulting | ____% |
| Wetlands Delineation & Engineering | ____% | Environmental Technology Consulting / Design | ____% |
| Residential Tract / Condo / Townhouse | ____% | Other: _____ | ____% |

B. Environmental Contracting Services**%**

| | | | |
|--|-------|--|-------|
| Asbestos Abatement | ____% | Cathodic Protection Installation / Service | ____% |
| Dredging and Marine Services | ____% | Emergency Response | ____% |
| Fracking | ____% | Fuel Oil Delivery | ____% |
| Hazardous Material and Waste Cleanup | ____% | Industrial Cleaning | ____% |
| Lab packing Drum Handling | ____% | Pesticide Application | ____% |
| Landfill Operations / Maintenance | ____% | Landfill Liner Installation | ____% |
| Lead Abatement | ____% | Mold Abatement / Remediation | ____% |
| Medical Waste Pickup & Transportation | ____% | PCB Handling / Removal | ____% |
| Monitoring Well Drilling | ____% | Oil Well Drilling | ____% |
| Water Well Drilling | ____% | Other Misc. Drilling | ____% |
| Piping Installation / Cleaning | ____% | Pipeline Leak Detection | ____% |
| Remediation Action Services | ____% | Service Station Construction | ____% |
| Soil Excavation – Contaminated Materials | ____% | Soil Excavation – Non-Environmental | ____% |
| Soil, Groundwater Boring | ____% | Thermal Treatment | ____% |
| Septic Tank Cleaning | ____% | Tank Cleaning and Removal | ____% |
| Tank Installation – UST's | ____% | Tank Installation – AST's | ____% |
| Residential Tract / Condo / Townhouse | ____% | Other: _____ | ____% |

C. General Contracting Services**%**

| | | | |
|-------------------------------|-------|--------------------------|-------|
| Bridge Construction | ____% | Carpentry | ____% |
| Concrete | ____% | Construction | ____% |
| Demolition / Dismantling | ____% | Electrical | ____% |
| Excavation | ____% | Fencing | ____% |
| General Contracting | ____% | HVAC | ____% |
| Hydro-blasting | ____% | Janitorial / Maintenance | ____% |
| Landscaping | ____% | Mining | ____% |
| Painting | ____% | Pile Driving | ____% |
| Pipe Installation / Cleaning | ____% | Plumbing | ____% |
| Project Management | ____% | Restoration Services | ____% |
| Rigging | ____% | Roofing or Insulation | ____% |
| Street / Road Paving Services | ____% | Tunneling | ____% |
| Other: _____ | ____% | Other: _____ | ____% |

PART X – Transportation Pollution Liability Supplemental☐ **DOES NOT APPLY**

1. Coverage would apply to: ☐ Owned Autos ☐ Leased Autos ☐ Non-owned Autos
2. Does insured pull double trailers? ☐ Yes ☐ No
3. Does applicant have a driver's handbook? ☐ Yes ☐ No A written transportation safety program? ☐ Yes ☐ No
A written vehicle maintenance program? ☐ Yes ☐ No Annually review MVR's and prior to driver hire? ☐ Yes ☐ No
4. What is the minimum age of driver allowed? _____ Maximum? _____
of drivers under 25: _____ # of drivers over 65: _____
5. How many of the current drivers have been with the insured less than two years? _____ More than five years? _____
6. On average, what percentage of any given load is comprised of hazardous materials? _____%
7. Please identify and provide a specific description of all hazardous materials/substances transported.
- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Hazardous Waste | <input type="checkbox"/> Medical Waste | <input type="checkbox"/> Radioactive Material | <input type="checkbox"/> Contaminated Soil |
| <input type="checkbox"/> Flammable Gas | <input type="checkbox"/> Non-Flammable Gas | <input type="checkbox"/> Poisons | <input type="checkbox"/> Liquified Compressed Gas |
| <input type="checkbox"/> Fracking Waste | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Non-Liquified Compressed Gas |

| Material Description & Shipping Name | Maximum Quantity Carried per Vehicle | Method of Containment or Packaging |
|--------------------------------------|--------------------------------------|------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

8. Schedule of Equipment Operated

| COMPLETE THE GRID BELOW | | | | | | | |
|------------------------------|-------|-------------------|------------------|------------|---------------------|----------------|-------------|
| Type | Owned | Leased w/o Driver | Leased Owner-Ops | Local 0-50 | Intermediate 51-200 | Long-Haul 200+ | Total Units |
| Personal Passenger Vehicles | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Light Trucks (Commercial) | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Medium Trucks | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Heavy Trucks | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Truck-Tractors | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Semi-Trailers | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Pull Trailers | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Yard Vehicles/Off Road Units | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Service Vehicles | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

9. Provide Schedule of Autos

| COMPLETE THE GRID BELOW OR ATTACH A LIST CONTAINING THIS INFORMATION | | | | | | | |
|--|------|------|------|-----|-------------------|------------|-----------------|
| # | Year | Make | Type | GVW | Vehicle ID Number | Max Radius | Garage Location |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |

10. Attach Driver Information. Include date employed, birth date, license #, license state and number of MVR violations in last 3 years.

11. Has your insurance coverage for this type of risk transfer ever been: Canceled? ☐ Yes ☐ No Declined? ☐ Yes ☐ No
Non-renewed? ☐ Yes ☐ No

PART XI – Products Pollution Supplemental

☐ **DOES NOT APPLY**

1. Provide a brief description of the product (s) for which coverage is desired as well as associated uses.

2. The Named Insured is engaged in the following: ☐ Product Design ☐ Product Manufacturing
☐ Product Distribution ☐ Product Sales

Distribution & Sales ☐ **DOES NOT APPLY**

- | | | |
|--|------------------------------|-----------------------------|
| 3. Do you sell any finished products on a retail basis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you handle or sell any products manufactured overseas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you actively handle or sell any products that have been discontinued? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you offer an additional warranty to the manufacturer's warranty? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Has your organization been served with any product claims or suggested recalls? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Does each unit you handle or sell contain a distinct product/ batch identifier code? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Do you also assemble/install/ or service any products you handle or sell? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Do you ever repackage / re-label any merchandise you do not manufacture, as it was your own? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Do you always require your manufacturer s to show evidence of insurance coverage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Design ☐ **DOES NOT APPLY**

12. Have any products been newly designed or old products re-engineered & distributed in the last 24 months? ☐ Yes ☐ No
 If yes, please describe product and designed consumer use. _____
13. Are any new products being designed or going to be designed over the next 12 months? ☐ Yes ☐ No
 If Yes, please describe product, describe practical use and describe the timing of marketplace distribution. _____
14. Are any products currently distributed or planned to be distributed outside of the United States? ☐ Yes ☐ No
 If Yes, describe geographical distribution plans. _____
15. Are your products designed, tested, labeled to meet or exceed all applicable industry standards? ☐ Yes ☐ No
16. Are written quality control and testing procedures followed? ☐ Yes ☐ No
17. Have any previously designed products been recalled or prior products discontinued? ☐ Yes ☐ No
 If Yes Describe: _____
18. Does the applicant ever require for warnings to be attached to the products they design? ☐ Yes ☐ No
 If Yes, describe the products and circumstances involved that require such warnings: _____
19. Do you require mandatory R&D prior to engaging in the design of any product? ☐ Yes ☐ No
 If Yes, submit standard operating procedures describing required research and development.
20. Do you manufacture any products you also design? ☐ Yes ☐ No
21. Do you have a written product recall plan in place? ☐ Yes ☐ No

Manufacturing ☐ **DOES NOT APPLY**

22. Do you distribute your manufactured products on a wholesale only basis? ☐ Yes ☐ No
23. Have any new products been manufactured and distributed to the marketplace in the last 24 months ☐ Yes ☐ No
24. If Yes, please describe product and designed consumer use. _____
25. Are your products manufactured to meet or exceed all applicable industry standards? ☐ Yes ☐ No
26. Have any new products been manufactured at locations outside of the domestic United States? ☐ Yes ☐ No
27. Have any formerly manufactured products been discontinued? ☐ Yes ☐ No
28. Do you provide intended use and expected life warnings for all products you manufacture? ☐ Yes ☐ No
29. Has your firm been served with any product claims or suggested manufacturer recall? ☐ Yes ☐ No
30. Are product quantities and batch numbers recorded for each of you purchasing clients? ☐ Yes ☐ No
31. Are any component parts used in your manufacturing process purchased from other firms? ☐ Yes ☐ No
 If yes, are any component parts manufactured in countries other than the United States? ☐ Yes ☐ No
 If yes, list all manufacturing countries. _____
32. Do your purchasing vendors require being named as an additional insured on your insurance? ☐ Yes ☐ No
33. Does your firm have a written product recall plan? ☐ Yes ☐ No
 If yes, when was this plan last updated? _____

PART XII – Microbial Substances☐ DOES NOT APPLY

1. Estimated Gross Revenues from microbial related services in this fiscal year \$ _____ Prior fiscal year \$ _____
2. In which States do you perform this work? _____
3. What percentage of estimated revenue is generated by subcontracting microbial related services to others? _____ %
4. Provide detail pertaining to the revenue your firm generates from different types of Mold operations:

| | <u>Total Revenue %</u> | <u>Generated By Insured %</u> | <u>Generated By Sub Contractors</u> |
|---|------------------------|-------------------------------|-------------------------------------|
| Mold remediation | \$ _____ | % _____ | % _____ |
| Mold testing/analysis/lab services | \$ _____ | % _____ | % _____ |
| Mold Sampling | \$ _____ | % _____ | % _____ |
| Remediation Design Consulting | \$ _____ | % _____ | % _____ |
| Remediation Contracting | \$ _____ | % _____ | % _____ |
| Proj. Mgmt. w/ Supervision | \$ _____ | % _____ | % _____ |
| Other: | \$ _____ | % _____ | % _____ |
| Total Microbial Related Receipts | \$ _____ | % _____ | % _____ |

5. What Percentage of total operating revenue is attributable to work for insurance companies? _____ %
6. Are mold related subcontractors/ sub consultants hired under written contracts? ☐ Yes ☐ No
7. Are sub consultants required to carry Professional Liability Insurance? ☐ Yes ☐ No
8. Who in your firm determines the extent of existing contamination? Name(s): _____
Provide the resume(s) of the people who this work for you.
9. Do you present clients with remedial alternatives prior to performing mold remediation services? ☐ Yes ☐ No
10. Do you present clients with limitations of each alternative presented? ☐ Yes ☐ No
11. Do you always qualify that conditions causing contamination are corrected before mold/ fungus remediation begins? ☐ Yes ☐ No
12. Do you ever accept responsibility to diagnose, correct, or warranty against moisture problems that contribute to creating mold problems? ☐ Yes ☐ No
13. Do you perform bulk and/or surface sampling prior to and after remediation?
If yes, submit resume of the person responsible. ☐ Yes ☐ No
14. Are mold samples analyzed by an independent laboratory? ☐ Yes ☐ No
15. Do you perform air quality testing prior to, during and after remediation? ☐ Yes ☐ No
16. Are final clearance criteria always established before mold remediation begins? ☐ Yes ☐ No
17. Has your firm ever failed to achieve final clearance the first times?
After re-cleaning? ☐ Yes ☐ No
18. Who makes the final decision as to when mold remediation is complete? Provide the resume(s) of the people who do this work for you.
19. Will you perform HVAV duct cleaning? ☐ Yes ☐ No
20. Will you introduce biocides into the HVAC system? ☐ Yes ☐ No

PART XIII – Environmental Impairment Liability (Site Specific)☐ DOES NOT APPLY

1. Locations: Number of Owned/Operated Locations: _____
Number of Locations Requiring Insurance: _____
2. List of Properties to be Covered by This Insurance: Provide Location #, Address, City, State, Zip Code
☐ Current Policy Site Schedule or Location Spreadsheet Attached
☐ Information Not Available
3. Prior Claims, Events, Circumstances: For all locations, list all environmental events, circumstances of claims for losses paid or incurred over the past three years. ☐ No Losses at Any Location ☐ Losses Runs Attached
4. Will any location be sold or transfer to a different operator within the next 12 months? ☐ Yes ☐ No
5. Will any location be investigated for contamination within the next 12 months? ☐ Yes ☐ No
6. Do you have any knowledge of events or circumstances that may cause any covered location to be the subject of any remedial activity within the next 12 months? ☐ Yes ☐ No

EIL Coverage is Location Specific.**Copy and Complete** this page – one for **EACH** location requesting EIL coverage.

Location Number: _____ Date Acquired: _____

Address of Covered Location: _____

Location Control:☐ Owned/Occupied☐ Owned/Rented to Others☐ Operating Only**Location Operations:**☐ Petroleum Marketer☐ Bulk Plant☐ Municipality☐ Golf Course☐ Marina☐ Auto Dealer / Repair☐ Car Wash☐ Commercial Property☐ College/University / School Dist☐ Warehouse / Storage☐ Hospital / Healthcare☐ Manufacturer☐ Other Description of Operations: _____**Site Conditions**

1. Prior Use of Site: _____
2. Describe Planed Improvements/Upgrades and Timing: _____
3. Is there any known contamination at this location? ☐ Yes ☐ No If yes, what is the current status?
☐ Closed ☐ Under Investigation
☐ Under Remediation ☐ Other
4. Please provide copies of most recent environmental reports on any investigation, remediation, and monitoring activities at the location.
5. Is this location subject to any Closure/Post Closure requirements per any Federal/State/Local regulations? ☐ Yes ☐ No.
If yes, provide Closure/Post Closure Plans and evidence of financial responsibility.
6. Are you aware of any facts, circumstances, events or situations that could result in a claim being made against you for the release or threatened release of any pollutant from this locations? If yes, provide details. ☐ Yes ☐ No

Storage Tanks☐ No, Aboveground or Underground Storage Tanks DO NOT exist at this location (Skip to Next Section)☐ Yes, tank Coverage is desired (Complete Questions Below)If Yes, provide details. All tanks existing at this location must be scheduled including number of tanks, year each installed or relined, tank capacity, tank construction, tank contents. Provide for each tank.☐ Location Schedule from Prior Policy is attached☐ Tank details spreadsheet is attached

1. Do any short term plans exist to upgrade, investigate, close, remove, abandon or replace any tanks at this location within the next 12 months? If yes, attach details applicable to each qualifying tank. ☐ Yes ☐ No
2. Are any inactive, closed in-place, or out-of-service tanks? ☐ Yes ☐ No
If Yes: (a) Has the tank been removed? ☐ Yes ☐ No
(b) Has the tank been filled with sand or other inert material? ☐ Yes ☐ No
(c) Have state/local regulatory authorities provided closure documents? ☐ Yes ☐ No
3. Method of Leak Monitoring: ☐ Automatic Gauging ☐ Statistical Analysis ☐ Annual Testing
(check all that apply) ☐ Shell Thickness Testing ☐ None
4. Are all tanks in compliance with Federal/State/Local regulations for construction, leak detection, overflow protection and corrosion protection? ☐ Yes ☐ No
5. During the past five (5) years, have there been any reportable spills or releases of any hazardous waste, petroleum products, regulated substance, or any other pollutant from any tank at this location? If yes, attach details. ☐ Yes ☐ No
6. Do any inactive or out-of-service aboveground storage tanks exist at this location? ☐ Yes ☐ No
7. Do any short term plans exist to upgrade, investigate, close, remove, abandon or replace any tanks at this location within the next 12 months? If yes, attach details applicable to each qualifying tank. ☐ Yes ☐ No

COMPLETE SUBMISSION REQUIREMENTS

To obtain a bindable quote, the following information is required:

(Check all boxes below if attached)

- ☐ Virtue Risk's Services Business Package Liability Application, signed and dated by an owner, partner or officer of the applicant or another carrier's similar supplemental application.
- ☐ Current policy declarations and list of endorsements.
- ☐ Company Brochures if no website exists.
- ☐ Resumes, Licenses, Certificates for Owners/ Principals / Senior Ranking Employees.
- ☐ Financials past three years.
- ☐ Loss Runs last five years per coverage being applied for in this application.
- ☐ Sample standard contact(s) used with clients and subcontractors.
- ☐ List of proposed Named Insureds / Additional Insureds and relationship interests to these entities.
- ☐ Information on pending corporate acquisitions.
- ☐ Information on past mergers, acquisitions, divestitures or corporate name changes within the past three years.
- ☐ Written quality control, health and safety, and confined space protocol, if applicable.
- ☐ If Excess coverage (Including Excess Auto and Employer's Liability) is desired, provide a copy of the underlying terms and conditions and Auto loss runs (three years).

Products Pollution Supplemental Information Required (if applicable):

- ☐ Loss Runs for the last five years of currently valued Products Pollution loss claims.
- ☐ Prior Policy Form & Declarations for policy expiring with Products pollution coverage.
- ☐ Product specific hold harmless agreements required by Insured to be executed by clients and vendors.
- ☐ Product warranty provisions provided to clients and vendors.
- ☐ Product Brochure(s), labels instructions, and advertising materials.
- ☐ Quality Control Procedure and Product Recall Plan.
- ☐ Products Liability Loss Control Surveys or Recommendations.

Environmental Impairment Liability Supplemental Information Required (if applicable):

- ☐ Tank Integrity - Passing tank and line tests on each tank for which insurance is requested.
- ☐ SPCC Plan and Emergency Response Plan.
- ☐ Compliance inspection checklist – by State where applicable.
- ☐ Insurance Declarations - copy of expiring declarations and endorsement list when available.
- ☐ Loss Runs - past three years and details of prior claims.
- ☐ Plans for sale of current locations, and/or plans for removal of existing tanks.
- ☐ Copies of all prior environmental reports (e.g., Phase I, Phase II, etc.).
- ☐ **Notice of any prior complaint, suit, violations regarding any pollution condition at any owned or operated location.**

Microbial Substances Supplemental Information Required (if applicable):

- ☐ Provide Mold/Fungus Remediation – Standard operating Procedures.
- ☐ Provide the standard contract or engagement letter used for mold projects.
- ☐ Provide the standard contract used with constantans, laboratories or subcontracts/ sub consultants.
- ☐ SOQ, licenses and/or training certifications for all personnel performing and/or supervising remediation operations.
- ☐ Resumes of the person or people who determine the extent of any mold contamination that exists.
- ☐ Resumes of the person or people who determine when mold remediation is complete.

So we can help you fulfill your commitments to your client, please let us know the date by which you will need to receive our quote.

Date Quote Needed By: _____

E-MAIL COMPLETE SUBMISSIONS TO:
magaly@madronainsurance.com

FRAUD WARNINGS

FRAUD WARNING: 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. **(Not applicable to Oregon.)**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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 a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 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 LOUISIANA 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 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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: 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 RHODE ISLAND 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK FRAUD WARNING: 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

COVERAGE NOTICE:

This Application is for a CLAIMS MADE AND REPORTED POLICY. The Policy does not cover CLAIMS that took place prior to the Retroactive Date. This Policy only covers CLAIMS properly reported to the Company during the POLICY PERIOD or by the end of any EXTENDED REPORTING PERIOD. All coverage afforded by this policy ceases upon the termination of the policy and the AUTOMATIC EXTENDED REPORTING PERIOD (up to 180 days) unless the Insured purchases the OPTIONAL EXTENDED REPORTING PERIOD (up to 36 months). During the first several years of the claims-made relationship, claims-made rates are comparatively lower than occurrence rates, and that the insured can expect substantial annual premium increases, independent of overall rate level increases, until the claims-made relationship reaches maturity.

The undersigned applicant represents and warrants that the above statements and facts are true, complete and accurate and that the information contains no material misrepresentation of facts, and that no facts have been suppressed or misstated. All written statements and materials furnished in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Completion of this Application form does not bind coverage. Applicant's acceptance of the insurance company's quotation is required prior to binding coverage and policy issuance. The individual signing below represents that the answers provided herein are based on personal knowledge or a reasonable inquiry and/or investigation.

I acknowledge by signature to this Application that if I choose to cancel my Policy, the return premium will be calculated subject to a minimum earned premium or subject to a short rate penalty, whichever is greater.

Signature: _____ Title: _____

Name: _____ Date: _____

(Please print)

Name of Insurance Agent of Broker: Madrona Insurance magaly@madronainsurance.com 959-225-9982

License Number:

Signature of Insurance Agent or Broker:

Date: