



## APPLICATION FOR ENVIRONMENTAL IMPAIRMENT LIABILITY ECO-SITE<sup>(SM)</sup>

Hudson Environmental Products  
17 State Street, New York, NY 10004  
[www.hudsoninsgroup.com](http://www.hudsoninsgroup.com)

### New Business

**This Application is for a “Claims-Made and Reported” Insurance Policy  
Complete Page 6 for Each Location**

#### SUBMISSION REQUIREMENTS

In order for us to provide quotations by the date needed, the following required information must be submitted. Please use this sheet as a cover page to the application and check the box next to all items that are included with this submission.

- Hudson’s Environmental Impairment Liability Policy New Business Application.
- Another carrier’s application. Hudson’s application must be completed to bind coverage.
- The applicant’s most recent two years of audited financials.
- Environmental Reports that are most current for each location including but not limited to:
  - Environmental Audits or Phase I or II assessments
  - Corrective action plans or Remediation work plans
  - EPA or State Closure Letters or No Further Action Letters
- Declaration page(s) of expiring pollution policies.
- Environmental loss experience over the past five years.
- If Environmental Transportation Coverage is desired, attach list of vehicles and a description of the hazardous materials typically transported, and the distances typically travelled.

#### SUPPLEMENTAL INFORMATION (if applicable):

- Provide a separate schedule of non-owned disposal sites used, including name, address, EPA ID#, types of waste disposed, for how long, current insurance certificates, evidence of financial insurance, and proof that these are locations that are currently operating.
- List all requested Named Insureds, Additional Insureds and their relationship to the applicant.
- Provide information on pending corporate acquisitions.
- Provide information on past mergers, acquisitions, divestitures or corporate name changes within the past three years.
- Provide details of any complaint, suit, or correspondence related to any public complaints or environmental and/or permit violations regarding any emission, discharge, or escape of any pollutant from any of the proposed covered locations.
- Provide details of on and offsite waste generation and disposal methods.
- Provide copies of all Environmental Indemnities associated with each applied for location.
- Provide a Hudson Underground Storage Tank Application Schedule if underground storage tank coverage is desired.

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: \_\_\_\_\_

**FAX TO (866) 777-6729**

**NEW BUSINESS APPLICATION FOR ENVIRONMENTAL IMPAIRMENT  
LIABILITY  
ECO-SITE<sup>(SM)</sup>**

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[www.hudsoninsgroup.com](http://www.hudsoninsgroup.com)

**This is a "site specific" application and is for a "Claims-Made and Reported" Insurance Policy**

**New Business**

**APPLICANT AND POLICY COVERAGE INFORMATION**

**PART 1 -- COVERAGE REQUESTED (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> BODILY INJURY and PROPERTY DAMAGE         | <input type="checkbox"/> CLEAN UP COSTS                     |
| <input type="checkbox"/> ON-SITE COVERAGE                          | <input type="checkbox"/> OFF-SITE COVERAGE                  |
| <input type="checkbox"/> PRE-EXISTING UNKNOWN POLLUTION CONDITIONS | <input type="checkbox"/> NEW POLLUTION CONDITIONS           |
| <input type="checkbox"/> DEFENSE COVERAGE                          | <input type="checkbox"/> NON - OWNED DISPOSAL SITE COVERAGE |
| <input type="checkbox"/> CARGO TRANSPORTATION COVERAGE             | <input type="checkbox"/> STORAGE TANK POLLUTION LIABILITY   |

Proposed Effective Date: \_\_\_\_\_ Desired Policy Term: \_\_\_\_\_

Limits of Liability: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_

Requested Deductible:  \$5,000  \$10,000  \$25,000  Other: \$\_\_\_\_\_

**Why Environmental Coverage is desired (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> To renew existing coverage                            | <input type="checkbox"/> To meet Financial Responsibility obligations |
| <input type="checkbox"/> To fulfill a loan agreement obligation. Lender: _____ | <input type="checkbox"/> As a risk management tool                    |
| <input type="checkbox"/> To fulfill a leasehold obligation. Landlord: _____    | <input type="checkbox"/> To cover pre-existing unknown conditions     |
| <input type="checkbox"/> Recommended by Insurance Agent                        | <input type="checkbox"/> To cover new unknown conditions              |
| <input type="checkbox"/> Other _____   |   |

**PART 2 -- APPLICANT INFORMATION**

Named Insured: \_\_\_\_\_ FEIN: \_\_\_\_\_ Date Established: \_\_\_\_\_

DBA: \_\_\_\_\_ Web Site: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Applicant is:  Corporation  Partnership  Other (Specify) \_\_\_\_\_  
 Sole Proprietor  Joint Venture  Owned by a Private Equity Firm (Specify) \_\_\_\_\_

Contact Name/ Title / Phone: \_\_\_\_\_ Total Gross Revenue Current Year: \_\_\_\_\_

Description of Operations & Industries Served: \_\_\_\_\_

**PART 3 – PRIOR INSURANCE**

Has the Applicant's insurance coverage been cancelled or non-renewed by any insurance carrier?  Yes  No If yes, attach details.

**PART 4 – FACILITIES TO BE COVERED**

**TOTAL NUMBER OF FACILITIES:** \_\_\_\_\_

**Attach additional pages to answer questions below, if necessary:**

**A.** Is any location referenced below the subject of a possible property transfer within the next 36 months?  Yes  No  Possible

**B.** Has any location referenced below been or will they be the subject of a change in operations in the foreseeable future?  Yes  No.

**C.** Is there any current remedial action or investigation taking place at any location referenced in this application?  Yes  No

If Yes, describe: \_\_\_\_\_

**D.** For all locations listed, provide a brief description of any pollution or environmental incidents within the past five (5) years or any known circumstances that may give rise to an environmental liability claim. Attach additional pages if necessary: \_\_\_\_\_

E.	Facility Name to Be Insured, Address, State & Zip Code	Brief Description of Operations	Owned?	Operated by?
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

(List additional facilities on separate page if necessary)

**PART 5 – AIR EMISSIONS**  N/A

Source	Quantity/ Year	Type of Emission	Pollution Control Equipment	Permit Emission Limits	Total # of Exposure Years
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**PART 6 – CHEMICAL USAGE, QUANTITIES AND STORAGE**  N/A or Attach separate page if needed.

Description of Material	Storage & Quantity at any one time	Method of storage	Method of Disposal
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PART 7 – WASTEWATER HANDLING**  N/A or Attach separate page if needed.

(Applicant may attach a copy of a DMR in lieu of completing table below)

Maximum Daily Discharge: \_\_\_\_\_

Discharge Constituents	Discharge Limits	Receiving Body	Outfall #	Treatment Process
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please identify any effluent discharge points: \_\_\_\_\_

**PART 8 – HAZARDOUS WASTE GENERATION/ HANDLING**  N/A or Attach separate page if needed.

Waste Type (RCRA #)	Quantity/ Year	Treatment Method	Disposal Method	Total Quantity Stored Onsite	Date Disposal Started
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**PART 9 - ON-SITE DISPOSAL**  N/A

Method: <input type="checkbox"/> Active Landfill	<input type="checkbox"/> Closed Landfill	<input type="checkbox"/> Injection Well
Total acreage: _____	Total acreage: _____	Years in operation: _____
Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No
Lined: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lined: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lined: <input type="checkbox"/> Yes <input type="checkbox"/> No
Leachate Collection: <input type="checkbox"/> Yes <input type="checkbox"/> No	Leachate Collection: <input type="checkbox"/> Yes <input type="checkbox"/> No	Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of wells: _____	Number of wells: _____	Number of wells: _____
Wastes (list): _____	Wastes (list): _____	Wastes (list): _____

**PART 10 – TANKS**  N/A

AST or UST	Tank ID	Year Installed	Capacity	Construction Material	Contents	Leak Detection	AST's Date Last Inspected	Type of Containment
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_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

**PART 11 – REGULATORY COMPLAINTS**

Has this applicant ever been cited for any environmental or permit violation?  Yes  No

If yes, check all that apply and advise at which locations: \_\_\_\_\_

Hazardous Waste  NOV  Consent Order  Public Complaints  Law Suits  PRP

If necessary, attach a description detailing all violations, the steps taken to come into compliance, and the final outcome of the violation.

**PART 12 – PRIOR CLAIMS**

A. Has the Facility, during the last five years, been cited or prosecuted for any violation of any standard or law relating to the release of a substance into the environment?  Yes  No If yes, provide details below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Has the Facility ever been sued or requested to pay any damages or to perform any cleanup activities with respect to any actual or alleged pollution incident either on the Facility grounds or to an offsite party or location?  Yes  No If yes, provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C. List all environmental losses paid or incurred over the past three years or attach detailed loss runs:  No Losses

<u>Date</u>	<u>Amount</u>	<u>Description of Loss</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PART 13– ENVIRONMENTAL RISK MANAGEMENT CONTROLS**

Check those that apply:  On Site Environmental Manager  Emergency Response Plan  
 ISO 14000 Certified  Environmental Training Program

**FRAUD WARNINGS**

**NOTICE TO ARKANSAS, LOUISIANA, AND WEST VIRGINIA 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.

**NOTICE TO DELAWARE, FLORIDA IDAHO AND INDIANA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON 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 denial of insurance benefits.

**NOTICE TO ALASKA 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. A lack of the statement on a claim form does not constitute a defense to prosecution under this title.

**NOTICE TO ARIZONA 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 CALIFORNIA APPLICANTS:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents 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.

**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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for 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 APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**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 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 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.

**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 NEW HAMPSHIRE APPLICANTS:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in section 638:20.

**NOTICE TO 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.

**NOTICE TO 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.

**NOTICE TO 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.

**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:** 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 OREGON 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 MAY BE guilty of insurance fraud.

**NOTICE TO 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.

**The applicant represents that the above statements and facts are true, that the information provided is accurate, and that no material 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.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Producer Name: \_\_\_\_\_

Please Copy the Following Pages and Complete this Section for **Each Location** to be insured.

(Facility Address, City, State, Zip Code)

**PART A – LOCATION SPECIFIC INFORMATION** Attach separate page if additional space is needed.

Name or Facility Number: \_\_\_\_\_ Year 1st Developed: \_\_\_\_\_ Total size (acres): \_\_\_\_\_  
 Owned / Occupied     Owned / Rented to Others     Leased from Owner     Triple Net Lease

If owned, date acquired by applicant: \_\_\_\_\_ From Which Business Entity: \_\_\_\_\_

Approximate Total Value of Property, Buildings, Personal Property \$ \_\_\_\_\_

Has this Location ever had any unregulated emission, discharge, release or escape of pollutants or other substances?  Yes  No

Is the Applicant aware of any pre-existing condition and/or contamination at this Location that might lead to a claim if insured?  Yes  No

Describe: \_\_\_\_\_  
\_\_\_\_\_

Distance to Residential Areas (miles): \_\_\_\_\_ Distance to Nearest Surface Water (miles): \_\_\_\_\_

Predominant Soil Type (clay, sand, etc...): \_\_\_\_\_ Depth to Groundwater (appx feet): \_\_\_\_\_

Distance to Nearest Drinking Water Well (miles): \_\_\_\_\_ Number of Groundwater Wells at Location: \_\_\_\_\_

Provide a brief description of adjacent properties:

North: \_\_\_\_\_ South: \_\_\_\_\_

East: \_\_\_\_\_ West: \_\_\_\_\_

**PART B – CURRENT OPERATIONS** Attach additional page if more space is needed.

Describe Current Operations: \_\_\_\_\_

Length of Time Operating in this Capacity: \_\_\_\_\_

Describe or Attach List of All Major Improvements: \_\_\_\_\_

Describe Planned Improvements/Upgrades and Timing: \_\_\_\_\_

Describe Other Occupants and Operations: \_\_\_\_\_  
\_\_\_\_\_

Is there any known contamination at this location from the Applicant's operations?  Yes  No If yes, describe past or current status of remedial actions (if any): \_\_\_\_\_

**IDENTIFY CURRENT PERMITS** (check all that apply and please attach a list of relevant permit ID numbers for each that applies):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> RCRA Part B Permit or State Equivalent         | <input type="checkbox"/> EPCRA Section 302 TPQ            | <input type="checkbox"/> NPDES or State Equivalent |
| <input type="checkbox"/> PCB Annual Reports                             | <input type="checkbox"/> NPDES (State) Storm Water Permit | <input type="checkbox"/> Small Quantity Generator  |
| <input type="checkbox"/> Air Permit (any type; federal, state or local) | <input type="checkbox"/> Large Quantity Generator         | <input type="checkbox"/> UST or AST Registrations  |
| <input type="checkbox"/> Asbestos-Related Permits                       | <input type="checkbox"/> CAA 112(r)                       | <input type="checkbox"/> Onsite Disposal Permits   |
| <input type="checkbox"/> SARA Title III                                 | <input type="checkbox"/> Pesticide/Herbicide              | <input type="checkbox"/> OTHER: _____              |

Describe any permit violations. List number of issues and the methods used to correct problem: \_\_\_\_\_  
\_\_\_\_\_

**PART C – HISTORICAL OPERATIONS** Attach additional pages if additional space is needed.

Since this parcel of land was originally developed, which industries have operated here, check all that apply.

- |                                      |   |                                   |                                     |                                       |
|--------------------------------------|---|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> Industrial     | <input type="checkbox"/> Utility  | <input type="checkbox"/> Brownfield | <input type="checkbox"/> Bulk Storage |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Transportation | <input type="checkbox"/> Chemical | <input type="checkbox"/> Government | <input type="checkbox"/> Undeveloped  |
| <input type="checkbox"/> _____       | <input type="checkbox"/> _____          | <input type="checkbox"/> _____    | <input type="checkbox"/> _____      | <input type="checkbox"/> _____        |

Is there any known contamination at this location from prior owners or tenants?  
 Yes  No If yes, describe current status of remedial actions that have taken place (if any): \_\_\_\_\_  
\_\_\_\_\_

**END OF LOCATION SPECIFIC INFORMATION SECTION**