

E-PAC PREMIERSM - SUPPLEMENTAL APPLICATION
PREMISES ENVIRONMENTAL COVERAGE – YOUR INSURED LOCATION

SECTION I – GENERAL INFORMATION

Applicant Name:

Address of the location for which the Applicant is seeking Premises Environmental Coverage
 (Complete a Premises Environmental Coverage Supplemental Application for each contiguous location to be insured)

Facility Name / ID	Address	City	State	Zip

Is this location: Owned by the Applicant Rented by the Applicant Operated by the Applicant

Requested Limits and Deductibles

Per Incident Limit	Aggregate Limit	Deductible	Retroactive Date
\$	\$	\$	
\$	\$	\$	
\$	\$	\$	

ENVIRONMENTAL REPORTS

- Have any environmental site assessments (ESAs) been conducted at the proposed covered location in the last 5 years? Yes No
- Is the location currently insured under any environmental liability coverage? Yes No
 If yes, provide a copy of the Declarations, Policy and Endorsements.

SECTION II – USAGE AND OPERATIONS

- Briefly describe the relevant usage and operations that currently take place at the location:

- Does current usage and operations at the location include the treatment, storage or processing of hazardous materials or potential pollutants? Yes No
 If yes, please complete Section 5 of this Supplemental.
- Are there any storage tanks located at the property? Yes No
 If yes, please complete Section 4 of this Supplemental.
- Are there any abandoned tanks, drums, or equipment at the location? Yes No
- Is any portion of the location currently used as habitational property? Yes No
 If yes, please describe:

- Is there any anticipated future change in the use of the location? Yes No
 If yes, please describe:

7. Is the future usage of the location anticipated to include treatment, storage or processing of hazardous materials or other potential pollutants? Yes No
If yes, please complete Section 5 of this Supplemental.
8. Is the location anticipated to be used for habitational purposes in the future? Yes No
If yes, please describe:
9. Please describe the historical past uses of the location:
10. Have dry cleaning operations ever been conducted at the facility? Yes No
11. Have hazardous wastes or other potential pollutants ever been treated, stored or processed at the facility? Yes No
If yes, please complete Section 5 of this Supplemental.

SECTION III – THIRD PARTIES AND RECEPTORS

1. Describe the type and usage of the properties adjoining and in close proximity to the location:
2. How close is the nearest surface water (pond, lake, ocean, stream or river)?
3. Are there any potable water wells at the location? Yes No
If yes, is the water tested annually and does it meet all applicable local, state and federal standards? Yes No
4. Are there any 3rd party drinking wells located within ½ mile of the location? Yes No
5. Is there a septic system on site at the location? Yes No

SECTION IV – STORAGE TANKS

1. Identify all Storage Tanks currently at the location. Refer to KEY below – (List all that apply) None

Tank ID	UST	AST	Age	Size (gallons)	Contents	Construction Type	Leak Detection / Prevention for UST's	Containment	Piping

KEY	
Contents:	(G) Gasoline, (D) Diesel, (F) Fuel Oil, (C) Crude Oil, (W) Waste Oil, (H) Hazardous Waste (O) Other
Construction Type:	(SWBS) Single Wall Bare Steel; (SWCP) Single Wall Steel with Cathodic Protection; (SWFG) Single Wall Fiberglass or Synthetic Material; (DW) Double Walled
Leak Detection:	(IM) Interstitial Monitor (w/Containment); (VM) Vapor Monitoring; (GWM) Groundwater Monitoring; (ATG) Automatic Tank Gauging Systems; (SIR) Statistical Inventory Reconciliation; (TTT) Tank Tightness Testing w/ Inventory Control; (M) Manual Gauging; (LLD) Line Leak Detectors
Containment:	(DW) Double Wall Tank; (C) Concrete; (IB) Impermeable Barrier – Other; (S) Native or Amended Soils
Piping:	(DW) Double Wall; (SWP) Single Wall Pressure Pumping; (SWS) Single Wall Suction Pumping

2. Has a licensed environmental professional designed or assessed the Applicant's tank system(s) to be compliant with all relevant environmental regulations applicable to the Applicant's jurisdiction? Yes No

SECTION V – WASTE AND MATERIALS

1. Identify all raw materials, wastes or chemicals stored, treated or transferred through the location. None

Waste, Materials or Chemicals	Quantity Stored (at any one time)	Method of Storage (pallet, drum, container)	Treatment, Discharge or Disposal Method

2. Does the Applicant store all reactive and / or incompatible materials separately from one another? Yes No
3. Are the Applicant’s hazardous materials stored in a dedicated area with an impermeable floor? Yes No
4. Does the location require a permit for any waste handling, storage or disposal practices? Yes No
- If yes:
- a. Is the facility in compliance with all permit requirements? Yes No
- b. Please submit a copy of the relevant permits as part of the application process.

SECTION VI - MOLD

1. Is the Applicant seeking coverage for mold related pollution conditions at the location? Yes No
2. In what year was the facility built?
3. Describe the construction type used for the buildings and improvements on the location:
4. Does the Applicant have a facility maintenance program that includes protocols for:
- a. Regular inspection and maintenance of the HVAC system(s) on the site? Yes No
- b. Moisture, mold and water intrusion inspections and prevention? Yes No
5. Are there any tenants at the location that rent space from the Applicant? If yes, please describe: Yes No
6. Have there been any mold-related incidents, claims, or losses at the location? Yes No

SECTION VII – LOSS CONTROL AND RISK MANAGEMENT

1. Does the facility operate under written environmental risk management / control procedures? Yes No
Please check all that apply, and / or describe “Other” categories:
- | | | | |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Generic Environmental Risk Management Plan | <input type="checkbox"/> | Spill Prevention, Control, and Countermeasure (SPCC) |
| <input type="checkbox"/> | Anhydrous Ammonia Operating & Safety Procedures | <input type="checkbox"/> | Haz Mat Operations & Emergency Response Plan |
| <input type="checkbox"/> | Environmental Compliance Assurance Audits | <input type="checkbox"/> | Hazard Communication Program |
| <input type="checkbox"/> | Other: | <input type="checkbox"/> | Other: |
2. Is there a trained / qualified individual(s) responsible for managing the environmental site risks? Yes No

This application is to be used in conjunction with a completed E-PAC Primary Application. The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.
*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

APPLICANT: (Signature of Owner or Officer of corporation) _____ Date _____

APPLICANT: (Print Name and Title)