



**C&S SPECIALTY UNDERWRITERS, LLC**

D/B/A C&S RISK AND INSURANCE SERVICES LLC IN CALIFORNIA  
 D/B/A C&S SPECIALTY INSURANCE SERVICES LLC IN NEVADA | NEW YORK | UTAH  
 PO Box 723874 | ATLANTA, GA 31139  
 WWW.CSUNDERWRITERS.COM | T: 855.390.7598 | F: 678.999.5121

**ENVIRONMENTAL IMPAIRMENT LIABILITY APPLICATION**

PLEASE ANSWER ALL QUESTIONS COMPLETELY

Notice: If a policy is issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

**ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:**

1. Copies of all environmental audit or assessment reports that have been conducted within the past three years.
2. Most recent income statement and balance sheet.
3. Five years of valued loss runs, if applicable.
4. Any other materials as requested by the underwriter.

**A. APPLICANT INFORMATION**

Insured:		Date:	
Address:			
City:		State:	Zip Code:
Email Address:		Telephone #:	
Website:		Primary Contact Name:	
Company is: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other (Please Identify) _____			

**B. REQUESTED COVERAGE**

<p>1. Coverage Requested:</p> <p><input type="checkbox"/> New Business                      <input type="checkbox"/> Renewal</p> <p><input type="checkbox"/> Third Party Pollution Liability    <input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> On-Site Cleanup                      <input type="checkbox"/> Non-Owned Disposal Site Coverage</p> <p>4. Other Coverages and Endorsements:</p> <p>5. Have you ever had site pollution coverage before? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If so, please provide coverage dates: _____ - _____</p>	<p>2. Proposed Effective Date:</p> <p>Retroactive Date:</p> <hr/> <p>3. Limits of Liability/Deductible:</p> <p>Limits Requested: _____</p> <p>Deductible Requested: _____</p> <p>Or</p> <p>SIR Requested: _____</p>
---	---

**C. DESCRIPTION – Please complete the following for all locations you wish to be covered.**

<u>LOCATION</u>	<u>ACREAGE</u>	<u>DESCRIPTION OF CURRENT OPERATIONS</u>	<u>LENGTH OF OPERATIONS</u>
1.			
2.			
3.			
4.			
5.			
6.			

**D. DESCRIBE CURRENT OPERATIONS:**

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

**E. LIST ALL STRUCTURES ON THE PROPERTY:**

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

**F. ARE THERE ADDITIONAL OCCUPANTS ON THIS PROPERTY (OWNED OR LEASED):**

Yes     No    *If Yes, please list below*

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

**G. PROVIDE SITE HISTORY INCLUDING ALL PAST LAND USE AND THE TIME PERIOD FOR EACH OPERATION:**

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

**H. HAS THERE EVER BEEN ANY STORAGE OR DISPOSAL PRACTICES AT THE SITE INCLUDING ANY ON SITE DISPOSAL? If so, please explain in detail below:**

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

**I. PRIOR LIABILITY CARRIER INFORMATION:**

Check here if this section does not apply

<u>CARRIER</u>	<u>LIMITS</u>	<u>RETROACTIVE DATE</u>	<u>POLICY NUMBER</u>	<u>PREMIUM</u>	<u>POLICY TERM</u>

Yes

No

Has any policy or coverage been declined, canceled or non renewed during the prior three years?  
*(If Yes, please explain)*

**J. HISTORY OF COMPANY:**

1. Date Company Was Established: \_\_\_\_\_

2. Have there been any consolidations, dissolutions, acquisitions and/or mergers?  Yes     No

If Yes, please explain:

3. Does the firm have:

Subsidiaries     A parent company     Other related entities

If so, please explain: Wholly owned subsidiaries in name only:

**K. ANNUAL REVENUE – Provide revenue base from the following:**

\$ \_\_\_\_\_ Past Year  
 \$ \_\_\_\_\_ Current Year  
 \$ \_\_\_\_\_ Upcoming Estimate

**L. ENVIRONMENTAL INFORMATION:**

1. Has fill material ever been used at the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has any remediation or monitoring of soil or groundwater ever taken place at the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has there ever been any testing of soil, groundwater, surface water or air at the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the use of the property require any environmental permits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there any plans to conduct any testing of soil, groundwater, groundwater or surface water at the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has any building structure been tested for lead-based paint, asbestos or radon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are there any dry wells, septic systems, leach field or oil/water separators at the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**M. HAZARDOUS WASTE AND MATERIALS:**

**Does this property generate, handle, store or dispose of any hazardous waste or materials?**  Yes  No

*If yes, complete the following:*

1. Describe the disposal method used:

2. Type of hazardous waste or materials:

3. Describe the on-site storage practices and storage areas:

**N. STORAGE TANKS:**

**Does this property presently have any storage tanks?**  Yes  No

*If Yes, please explain the tank inventory control program:*

AST/UST	Tank No.	Tank Construction	Tank Size (Gals.)	Age	Date of Installation	Contents	Secondary Containment	Date & Results of Last Testing
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

**O. PROPERTY LOCATION:**

1. Provide a description of adjacent properties:  
 a. North:  
 b. South:  
 c. East:  
 d. West:

2. Identify any surface or groundwater uses in the area (drinking wells, etc.):

3. Is public water and sewer available:  Yes  No

4.	Are there any protected environments in the area or sensitive receptors (parks, wildlife preserves, etc) or school areas where children may frequent: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
5.	Identify nearby surface water bodies including approximate distances (i.e. streams, lakes, wetlands):
6.	Provide information on any mandated or voluntary monitoring performed at considered location (i.e. groundwater monitoring wells, NPDES, CAA, etc)

**P. WASTE HANDLING:**

Does your facility treat, process, separate or store any type of waste (i.e. liquid, solid, wastewater)?:  Yes  No  
If yes, please complete the following:

1. Type of Waste:

2. Describe the waste treatment operation:

3. Maximum amount of waste processed per day:

4. Maximum amount of waste stored at any one time:

5. Daily operating procedures in place?:  Yes  No

6. Are emergency procedures in place?:  Yes  No

7. Identify effluent discharge points for wastewater and storm water:

**Q. LANDFILL:**

Do you now or have you ever had a landfill on site?  Yes  No  
If Yes, please complete the following:

1. Acreage: Active Landfill: \_\_\_\_\_ Closed Landfill: \_\_\_\_\_ Vacant Land: \_\_\_\_\_

2. Type of waste collected:

3. Is the landfill lined?  Yes  No Type of liner: \_\_\_\_\_ Material: \_\_\_\_\_ Thickness: \_\_\_\_\_

4. Is there a leachate collection system in place?  Yes  No Amount of leachate produced annually? \_\_\_\_\_

5. Number of active groundwater monitoring wells in place? \_\_\_\_\_ Total \_\_\_\_\_ Up gradient \_\_\_\_\_ Down gradient

6. Are daily operating procedures in place?  Yes  No

7. Are emergency procedures in place?  Yes  No

**R. VIOLATIONS:**

1. Have you during the last five years received any violations regarding any standard or law relating to the release of a substance from the location(s) into sewers, rivers, air or onto land?  Yes  No  
If Yes, please provide the details:

2. If yes, have you ever been prosecuted?  Yes  No  
If Yes, please provide the details:

**S. CLAIMS:**

1. Please describe any pollution claims which have occurred during the last five years (if none, please state so):

2. At the time of signing this application are you aware of any circumstances that may reasonably be expected to give rise to a claim under this policy?  Yes  No  
If Yes, please provide the details:

**NOTICE TO APPLICANT-PLEASE READ CAREFULLY**

**FRAUD WARNINGS: APPLICABLE TO ALL STATES**

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.

**WARRANTY STATEMENT:**

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify C&S Specialty Underwriters, LLC and the insurer of such changes, and C&S Specialty Underwriters, LLC and/or the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the Applicant to the insurer to complete the insurance.

**I warrant that the information contained in this application is true and that it will form the basis of and be incorporated into the final policy, if issued.**

---

**NAME OF APPLICANT**

---

**TITLE**

---

**Signature of Applicant**

---

**Date**