



ENVIRONMENTAL PROTECTION INSURANCE COVERAGE PACKAGE (EPIC PAC) APPLICATION

INSTRUCTIONS:

- Please print or type clearly.
- Please answer all questions and those applicable to the coverages requested. If any questions in those sections do not apply, please answer "NA."
- If additional supporting documentation is needed to answer the questions completely, please reference in the application and attach the additional supporting documentation.
- The application must be signed and dated by a duly authorized executive, officer, owner, or principal of the applicant.

SECTION 1. APPLICANT INFORMATION

Applicant's Name (First Named Insured)

Mailing Address

City	State	Zip Code

Applicant's Internet Website Address

Form of Business:

- Individual
 Partnership
 Joint Venture
 Trust
 Limited Liability Company
 Organization, Including a Corporation (But not including a Partnership, Joint Venture, or Limited Liability Company)

Describe (if Joint Venture/Other):

Year Established: _____

Description of Applicant's Operations:

Fiscal Year Period: _____ to _____

Gross Revenue:

- Next Fiscal Year's Projected revenue: _____
- Current Fiscal Year estimated annual revenue: _____
- Prior Fiscal Year's annual revenue: _____

List all Legal Entities (Other than Applicant) for which Coverage is Requested:

(if the below space is inadequate to account for all entities requesting coverage, please attach a separate document and indicate below that an attachment has been provided)

Named Insured	Description of Operations	Relationship to Applicant	Revenue

SECTION 2. COVERAGE

EXISTING COVERAGE:

	General Liability	Site Pollution Liability	Non-Owned Disposal Site Pollution Liability	Pollution Liability During Transportation	Contractors Pollution Liability
Carrier:					
Limit:					
Deductible/SIR:					
Premium:					
Occurrence or Claims Made (add Retro Date):					

Proposed Effective Date: _____

Proposed Policy Term: _____

SECTION 3. PRODUCTS AND OPERATIONS

Allocate Revenues by % for Manufacturing/Distributing/Processing (should total 100%):

Description of Operations	% of Gross Revenues
Manufacturing Product to Own Specs (including mixing/blending)	
Manufacturing Product to Customer Specs (Tolling)	
Manufacturing by 3 rd -Party (Tolling By Others)	
Distributor – No repackaging, relabeling or mix/blend	
Distributor – With repackaging and/or relabeling	
Distributor - Foreign manufacturer (Import products of others)	
Broker / Drop Ship / Manufacturers Rep (No Physical Possession of Product)	
Processing	
Foreign Revenue (exports)	

Does the applicant have a written quality control procedure for raw materials received, work in progress and finished product?

Yes No

If yes, please describe: _____

Does the applicant test raw materials/component parts received and finished product? Yes No

If yes, please describe: _____

Have any of the applicant's products been discontinued or recalled in connection with their business? Yes No

If yes, please describe: _____

Does the applicant retain inventory records of all outgoing finished product? Yes No

If yes, how long are records kept? _____

Does the applicant enter into indemnity or hold harmless agreements in connection with their business? Yes No

If yes, please attach your standard indemnification / hold harmless wording.

Does the applicant require Additional Insured status from their suppliers or manufacturers? Yes No

Does the applicant perform installation, service or maintenance of their product(s)? Yes No

If yes, please describe and provide revenue (\$): _____

Does the applicant hire subcontractors to install, service or maintain their product(s)? Yes No

If yes, please describe and provide revenue (\$): _____

SECTION 4. PREMISES AND POLLUTION LIABILITY

List all Property(ies) for which Coverage is Requested:

(if the below space is inadequate, please attach a statement of values or other documentation listing the properties requesting coverage)

Street address (include City, State, Zip Code)	Owned/Leased	3 rd -party tenants onsite (Y/N)	Description of current / prior operations
1.			
2.			
3.			

If 3rd-party tenants onsite, please describe their operations:

Please describe any premises security including fencing, surveillance cameras, alarms, etc.:

Have any Environmental Reports including Phase I or Phase II Environmental Site Assessments, Surveys or Audits been prepared for the properties? Yes No If yes, please provide copies.

Has there ever been or is there currently any remediation, monitoring or sampling to investigate contamination at any of the properties? Yes No

If yes, please provide explanation and attach copies of applicable environmental reports.

Has the applicant ever manufactured, sold, handled, distributed or disposed of any product(s) which contained Per- or Polyfluoroalkyl Substances (PFAS) including, but not limited to Perfluorooctanoic acid (PFOA) or Perfluorooctanesulfonic acid (PFOS)? Yes No

If yes, please provide explanation:

Are there any underground or aboveground storage tanks (USTS OR ASTS) at any of the properties?

Yes No If yes, please provide schedule that includes capacity, contents, construction, age, leak detection/monitoring type.

Is the application aware of any tanks at the properties that have been removed or closed in place? Yes No

If yes, were they removed and/or closed in accordance with applicable regulations? Yes No

Are there any known plans for development, improvement, betterment, demolition or plans for changes in site use/operations at any of the properties during the proposed policy period? Yes No

If yes, please describe: _____

Are there any plans to sell any of the properties during the proposed policy period? Yes No

If yes, please describe: _____

WASTE DISPOSAL POLLUTION LIABILITY:

Does the applicant require disposal of any hazardous materials as part of its operations? Yes No

If yes, please describe materials, quantities generated per month and facility at which the material is disposed (if available, please provide a copy of the most recent waste manifest)

Material	Monthly Volume	Disposal Facility

Has the applicant ever been named as a potential responsible party (PRP) in connection with disposal activities? Yes No

If yes, please describe:

TRANSPORTATION POLLUTION LIABILITY:

Does the applicant have any operations that require the transportation of hazardous materials: Yes No

(If no, please skip to Section 5)

If yes, and the applicant transports the materials themselves, please complete the table below:

CLASS 1: Solid Hazardous Waste & all other liquid or gases not in Class 2

CLASS 2: Petroleum-based products; toxic/flammable/explosive/radioactive chemicals, gases, liquids or other materials

Owned / Operated Vehicle Type	CLASS 1 Average Number of Daily Shipments	CLASS 2 Average Number of Daily Shipments
Truck:		
Rail:		
Watercraft:		
Aircraft:		

If yes, and the hazardous materials are transported by a third-party, please completed the table below:

Waste Hauler Name	Material(s) Hauled	Carrier Type (Bulk, Container, Tanker, Etc.)	Maximum Distance Traveled

Has the applicant had any claims in any way related to pollution releases from transported cargo in the past five years?

Yes No If yes, please describe:

SECTION 5. EXCESS LIABILITY

Excess Limit(s) Requested: _____

Existing Coverage:

	Excess/Umbrella	Auto Liability	Employers Liability	Other
	Check If None ()	Check If None ()	Check If None ()	Check If None ()
Effective Date:				
Carrier:				
Limit:				
Deductible/SIR:				
Premium:				
Occurrence or Claims Made (add Retro Date):		NA	NA	

Has any umbrella carrier or excess insurer declined, cancelled, or refused to renew? (Note: Missouri Residents need not reply)

Yes No If yes, please describe:

AUTO INFORMATION:

Vehicle Type	# of Vehicles Driven < 50 mile radius	# of Vehicles Driven > 50 mile radius
Private Passenger / Light Truck (GVW < 10,000lbs)		
Medium Truck (GVW < 20,000lbs)		
Heavy / X-Heavy Truck or Tractor (GVW > 20,000lbs)		

Does the applicant have an auto safety & training program and check MVRS regularly? Yes No

Does the applicant have a vehicle maintenance program in place? Yes No

WORKER'S COMPENSATION INFORMATION:

Is the applicant a qualified self-insurer for worker's compensation coverage? Yes No If yes, please describe:

Is the applicant subject to any of the following?

Jones Act? Yes No If yes, please describe:

Federal Railroad Employee Act? Yes No If yes, please describe:

Longshoreman's & Harbor Workers Act? Yes No If yes, please describe:

SECTION 6. CLAIMS AND WARRANTY STATEMENTS

A. CLAIMS:

1. Has the applicant ever had a claim or loss over \$50,000? Yes No
If yes, please provide details:

2. In the last five (5) years, has the applicant had any reportable releases or spills of hazardous substances, hazardous wastes or any other pollutants as defined by applicable environmental statutes or regulations? Yes No
If yes, please provide details:

3. In the last five (5) years, has the applicant received any notices of violation, fines, penalties, complaints or other enforcement actions regarding compliance with environmental laws? Yes No
If yes, please provide details:

4. In the last five (5) years, has the applicant been prosecuted or is the applicant currently being prosecuted for contravention or any standard of law relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental statutes or regulations? Yes No
If yes, please provide details:

5. Have any claims been made or legal action (including regulatory action) been brought against the applicant which relate in any way to an actual or alleged pollution release (including mold matter and legionella) or water intrusion? Yes No
If yes, please provide details:

B. WARRANTY:

1. Is the applicant aware of any fact, circumstance or situation which could result in a claim being made against you or any other person or entity for which coverage is being sought? Yes No
If Yes, please provide details:

SECTION 7: SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. * Applies in MD Only.

Applicable in CO: 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 damage. 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 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. * Applies in NY Only.

Applicable to ME, TN, VA and WA: 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. *Applies in ME Only.

Applicable to NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable to OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon convictions, shall be sanctioned for each violation by a fine of not less the five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE.

Signature of Authorized Applicant

Signature of Broker/Agent

Print Name of Applicant

Print Name of Broker/Agent

Title of Applicant

Name of Broker/Agent Firm

Date

Broker/Agent Address

Broker/Agent Phone and E-Mail Address