

Ironshore Environmental
Site Pollution Incident Legal Liability Select (SPILLS) Application
THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY. PLEASE REVIEW THE APPROPRIATE POLICY CAREFULLY.

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.

GENERAL APPLICANT INFORMATION:

Named Insured: _____
Mailing Address: _____

Company Web Address: _____
Year Established: _____

1. Are there any additional Named Insureds for the Company to evaluate for coverage? ____ YES ____ NO. If Yes, list the entities and their relationship to the First Named Insured and include an organizational chart: _____

2. Are there any additional insureds for the Company to evaluate for coverage? ____ YES ____ NO. If Yes, list the entities and their relationship to the Named Insured: _____

3. Description of all the Named Insured's operations (check all that apply):

Owner/Operator of gas and/or oil wells _____
Non operating working interest in gas and/or oil wells _____
Non operating royalty interest in gas and/or oil wells _____
Oil and gas contracting services _____
Operator of midstream assets _____
Other ____ Please describe further: _____

3. Do you have any wet operations/pipelines (wet operations are any in, over or upon any watercourse, body of water, bog, marsh, swamp or wetland)? ____ YES ____ NO. If yes, provide details and locations of such wells or pipelines. _____

4. Do you have any coastal/offshore wells, pipelines or other assets? ____ YES ____ NO. If yes, provide details. _____

5. Does the applicant have Pollution Prevention and Spill Response Protocols in place? ____ YES ____ NO.
If yes, please provide a copy.

6. Do you perform any Enhanced Oil Recovery operations (water, chemical or CO2 flooding of fields)? ____YES ____NO.

If yes, provide details. _____

7. Do you have any salt cavern, depleted reservoir or other natural formation storage? ____YES ____NO.

If yes, provide details. _____

OPERATOR:

1. Please provide a schedule of wells (producing, shut-in, suspended, workover and drilling) for which you are the Operator.

2. Do you utilize or operate any underground injection wells? ____YES ____NO. If yes, please attach details.

3. Do you conduct hydraulic fracturing activities? ____YES ____NO. If yes, how do you manage the fracturing fluids both before and after (i.e. offsite disposal, impoundments, discharge to local water body etc.) fracturing activities?

4. Names of contractors typically used for drilling, casing, cementing and fracturing:

Limits of insurance you require them to carry: _____

5. Description of casing structure and materials typically used: _____

Do you use any recycled casing? ____YES ____NO.

6. Please provide details pertaining to well pad construction and any secondary containment measures in place: _____

7. How is stormwater handled at well pad sites?

8. Do you have impoundments at any of your sites? ____YES ____NO. If yes:

A. Are your impoundments lined? ____YES ____NO. If yes, please provide details. _____

B. Do you perform inspections or monitor the impoundments to analyze stability? ____YES ____NO. If yes, please describe the monitoring process or attach your Operations and Maintenance Plan addressing such procedures.

C. Are any of your impoundments not located at well sites? ____YES ____NO. If yes, please provide details.

9. *Pipeline or gathering systems for which you are responsible:

<u>Contents</u>	<u>Mileage</u>
Natural Gas	
Natural Gas Liquids	
Crude Oil	
Refined Product	
Produced Water	

* Please complete Upstream Pipeline Supplemental Application

If no gathering systems present, please indicate how product is transferred from point to point.

10. Do you operate any pipelines that supply residential homes with natural gas or oil? YES NO.

11. Do you operate or have any ownership interest in any compressor stations (that are not located at the well pads or well sites), gas processing plants, gas recovery plants, fractionation plants, gas sweeteners, or dehydrators? YES NO. If yes, please attach details, including number/type of plants and processing capacity for each plant.

12. Have you received any complaints or notices of violation related to any compressor stations? YES NO.

13. Do you have any other fixed site locations, including terminals for example? YES NO. If yes, please provide details.

14. Please provide copies of all pollution liability coverage purchased (stand-alone pollution coverage, part of General Liability coverage and/or Owners Extra Expense/Control of Well coverage).

15. Are you required to insure your non-operating partners working interest? YES NO.

NON-OPERATING WORKING INTEREST:

1. Please provide a schedule of wells (producing, injection, shut-in, suspended, workover and drilling) in which you have non-operating working interest.

PROPERTY INFORMATION:

1. Are there any underground or aboveground storage tanks (USTs OR ASTs) at any of the Covered Properties? YES NO. If yes, please provide schedule that includes contents, capacity, construction, age, leak detection/monitoring.

2. Has the applicant ever encountered costs associated with remediating naturally occurring radioactive material (NORM)? YES NO. If yes, please provide details. _____

3. Do you conduct environmental baseline studies (inclusive of groundwater or water well monitoring) prior to commencement of drilling activities? YES NO. If yes, please provide details.

TRANSPORTATION:

Does the applicant have any operations that require the transportation of hazardous materials: YES NO.

1. First Party: YES NO

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

Type	Number	Material(s) Transported	Carrier Type (Bulk, Container, Tanker, Etc.)
Private Passenger Vehicle			
Light Truck			
Medium Truck			

Type	Number	Material(s) Transported	Carrier Type (Bulk, Container, Tanker, Etc.)
Heavy / Extra Heavy Truck (Including Tanker Trucks)			
Rail Car			
Watercraft (Including Barges)			

a. Do you carry any broadened pollution coverage on your auto policy (CA 9948 endorsement)? YES NO

2. Third Party: YES NO

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

Transporter Name	Material(s) Transported	Carrier Type-Bulk, Container, Tanker, Rail Car, Watercraft (Including Barges) Etc.	Maximum Distance Traveled

a. Do you verify that the transporter's insurance includes both a pollution endorsement (CA 9948)? YES NO.

b. 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 explain. _____

CLAIMS:

1. In the last five (5) years, has the applicant had any reportable release or spill of any hazardous substance, hazardous waste or petroleum product, or any other pollutants? YES NO. If yes, please explain: _____

2. In the last five (5) years, has the applicant received any notice of violation, fine, penalty, claim, complaint or other enforcement action due to or associated with compliance with environmental laws or relating to the release or threatened release of a hazardous substance, hazardous waste, petroleum product or other pollutant? YES NO. If yes, please explain: _____

3. Is the applicant aware of any past or present contamination on, at, under or migrating from any Covered Property proposed for coverage? YES NO. If yes, please explain. _____

4. Have any claims been made or legal actions (including regulatory actions) been brought against the applicant in the past 5 years which relate in any way to an actual or alleged release of hazardous substances, hazardous wastes or petroleum products, or any other pollutants (including mold matter and legionella) or water intrusion? YES NO. If yes, please explain: _____

WARRANTY:

1. Does the applicant know of any fact, situation or circumstance that could result in a claim(s) in any way related to hazardous substances, wastes, petroleum products, contaminants, or any other pollutants (including mold matter and legionella) or water intrusion being made against your company or any other entity that is requesting coverage? ____NO ____YES. If yes, please explain. _____

ACCEPTING THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE, OR THE APPLICANT TO PURCHASE, THE POLICY. IN THE EVENT THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS OR REPRESENTATIONS OR WARRANTIES HEREIN PRIOR TO THE ISSUANCE DATE OF THE POLICY, WHICH WOULD RENDER THIS APPLICATION FORM INACCURATE OR INCOMPLETE, THE APPLICANT WILL NOTIFY THE INSURER IN WRITING AND, IF NECESSARY, ANY OUTSTANDING QUOTATION MAY BE MODIFIED OR WITHDRAWN.

NOTICE TO ARKANSAS & 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 FINES AND CONFINEMENT IN 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 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 AUTHORITIES."

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 INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

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 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 NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE AND MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWINGLY THAT HE/SHE 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 (365: 15-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

NOTICE TO 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANT: 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 MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL 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 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATIONS.

THE UNDERSIGNED APPLICANT WARRANTS THAT THE STATEMENTS SET FORTH IN THIS APPLICATION AND ITS ATTACHMENTS AND OTHER MATERIALS SUBMITTED TO THE INSURER ARE TRUE AND CORRECT.

THE UNDERSIGNED UNDERSTANDS, AGREES TO, AND ACKNOWLEDGES, THAT THIS POLICY CONTAINS A POLICY AGGREGATE LIMIT OF LIABILITY THAT IS ACCEPTED AND SHARED BY ALL OF THE APPLICANTS AND INSURED WHO ARE OR MAY BECOME AN INSURED HEREUNDER. IN VIEW OF THE OPERATION AND NATURE OF THIS SHARED POLICY AGGREGATE LIMIT OF LIABILITY, THE APPLICANT UNDERSTANDS AND AGREES THAT PRIOR TO FILING A CLAIM UNDER THIS POLICY, THE POLICY AGGREGATE LIMIT OF LIABILITY MAY BE EXHAUSTED OR REDUCED BY PRIOR PAYMENTS FOR OTHER CLAIMS UNDER THIS POLICY. AS A RESULT, THERE MAY BE NO AVAILABLE LIMIT TO PAY AN APPLICANT’S OR INSURED’S CLAIM, REGARDLESS OF WHETHER ANY LOSS, BUSINESS INTERRUPTION EXPENSE OR EXTRA EXPENSE HAS BEEN PAID ON SUCH APPLICANT’S OR INSURED’S BEHALF.

Applicant's signature: _____ **Date:** _____

Applicant's name (please print): _____

Title: _____

Insurance representative: _____

Name of firm: _____

Address: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

Surplus lines agent (SLA): _____

Address: _____

City: _____

State, ZIP code: _____

Surplus lines license number: _____