

\_\_\_\_\_  
Company to which Application is made (herein called the Company)

**THIS IS AN APPLICATION FOR A CLAIMS – MADE POLICY  
NOTICE**

*This application is for a single Named Insured that owns or operates one or more facilities.  
Please answer all questions. All questions apply to all facilities. Attach additional sheets if necessary.*

- 1) Named Insured: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**LOCATION TO BE COVERED** (One location to be entered per application):

- 2) Facility Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_
- 3) Use of Facility:  Sales  Service  Storage  Other  
If other, so describe: \_\_\_\_\_
- 4) Annual Sales from all operations including fueling and servicing: \$ \_\_\_\_\_  
Annual Sales - fueling operations only: \$ \_\_\_\_\_  
Annual Sales - watercraft servicing operations only: \$ \_\_\_\_\_
- 5) How long has the applicant been at this location? \_\_\_\_\_
- 6) Prior uses of the site? \_\_\_\_\_
- 7) What type of watercrafts are docked / serviced / stored at this location?  
\_\_\_\_\_
- 8) List the types of chemicals stored at this facility, other than those stored in underground storage tanks:  
\_\_\_\_\_
- 9) Describe the surface area of the floor where on site chemicals are stored (concrete, soil, sand, etc.): \_\_\_\_\_
- 10) Does the chemical storage area have a containment structure to prevent the transportation of such chemicals in the event of a release?  
 Yes  No If "Yes", please describe: \_\_\_\_\_  
\_\_\_\_\_
- 11) Does any waste recycling occur on the premises?  Yes  No If "Yes", provide full disclosure of recycling operations including the type of waste being recycled: \_\_\_\_\_  
\_\_\_\_\_
- 12) Does a waste pump out station exist at this facility?  Yes  No
- 13) List the types of operations conducted at all adjacent properties:  
North: \_\_\_\_\_  
South: \_\_\_\_\_  
East: \_\_\_\_\_  
West: \_\_\_\_\_
- 14) Has there been any environmental remediation activities conducted at this site?  Yes  No If "Yes", provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 15) Attach a list of all claims made against you during the past five years for cleanup, or response action, or bodily injury or property damage, resulting from the release of regulated substances, hazardous waste or any other pollutants, from this location or other locations owned or operated by you, into the environment. Provide a brief description of the claim(s) and its disposition. If none, so indicate here.  No claims
- 16) At the time of the signing of this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental cleanup or response, or for bodily injury or property damage arising from the release of pollutants into the environment?  Yes  No If "Yes", attach details.
- 17) Have you, during the past five years, had any reportable releases or spills of regulated substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations?  Yes  No If "Yes", attach details.
- 18) Have you, during the last five years been prosecuted, or are you currently being prosecuted, civilly, criminally or administratively, for contravention of any standard or law relating to the release or threatened release from the location of a regulated substance, hazardous waste or any other pollutant?  Yes  No If "Yes", attach details.
- 19) Has on-site disposal of any material at any of the facilities specified in question 2 of this application ever taken place?  Yes  No  
 Is such disposal currently taking place?  Yes  No  
 If yes to either response, attach a detailed description of the disposal activities at the site and any regulatory action regarding disposal.
- 20) Is coverage requested for underground storage tanks?  Yes  No
- 21) Are above ground storage tanks present at the site?  Yes  No  
*If the response to questions 20 or 21 is "yes", complete the attached Tank Schedule.*
- 22) Have any underground storage tanks been removed from the site?  Yes  No If "Yes", attach details including the date removed and evidence of proper closure.
- 23) Have the underground tanks been upgraded to meet the 1998 compliance upgrade requirements?  Yes  No
- 24) Do the underground tanks have overfill protection?  Yes  No
- 25) Is any portion of the tanks, associated piping or ancillary equipment on the premises, submersed in water?  Yes  No
- 26) Standard Limit of Liability is \$1MM each incident / \$1MM aggregate with a \$5,000 deductible.  
*Additional Limits and Deductible may be available:*  
 Limits:  \$500K/\$1MM  \$2MM/\$2MM  \$3MM/\$3MM  \$4MM/\$4MM  \$5MM/\$5MM  Other \_\_\_\_\_
- 27) Deductibles:  \$5,000  \$10,000  \$25,000  \$50,000  Other \_\_\_\_\_

**NOTICE TO ARKANSAS 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 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 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 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 PENNSYLVANIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000."

**TANK SCHEDULE:**

TANKS						PIPING							
LOCATION/ TANK	UST/ AST	YEAR INSTALLED	CAPACITY (GALLONS)	CONSTRUCTION MATERIAL	CONTENTS	REG COMP (Y/N)	LEAK DETECTION	AST DIKING CONST	AST BASE CONSTR	YEAR PIPING INST	CONST MATERIAL	LEAK DETEC	DATE LAST TESTED
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Is there an automatic shut off device installed on all tanks and associated piping should a leak or rupture occur?  Yes  No

TANK & PIPING CONSTRUCTION:

F/S = FRP STEEL COMP.  
 STI = STI P3  
 FRP = SINGLE WALLED FRP  
 CP/S = CATHODICALLY PROTECTED STEEL  
 S = COATED BARE STEEL  
 DW = DOUBLE WALLED FRP

CONTENTS:

R = REG. GASOLINE  
 U = UNLEADED  
 WO = WASTE OIL  
 D = DIESEL  
 P = PESTICIDE  
 H = HERBICIDE  
 NO = NEW OIL  
 HO = HEATING OIL  
 K = KEROSENE  
 GW = GROUNDWATER WELLS

LEAK DETECTION & SITE MANAGEMENT:

ATM = AUTO TANK MONITOR  
 SV = SOIL VAPOR WELL  
 DW = INTERSTITIAL MONITORING  
 SIA = STATISTICAL INVENTORY ANALYSIS  
 TT = TIGHTNESS TEST  
 RM = REMOTE MONITORING  
 CM = COMPLIANCE MANAGEMENT SERVICES

DIKING & BASE CONSTRUCTION:

E = EARTHEN  
 S = SAND  
 C = CONCRETE  
 N = NONE  
 O = OTHER  
 (PLEASE SPECIFY)

REG. COMP.: DENOTES A TANK MEETING USEPA TECHNICAL AND LEAK DETECTION REQUIREMENTS

<p>You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by One80 may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.</p>	
<p>Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.</p>	
<p>The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.</p>	
<p>Applicant's Signature: _____</p> <p>Print Name: _____</p>	<p>Date: _____</p> <p>Title: _____</p>