

## APPLICATION FOR ENVIRONMENTAL SITE LIABILITY POLICY

THIS IS AN APPLICATION FOR A **CLAIMS-MADE POLICY**. IN ADDITION TO OTHER LIMITATIONS ON COVERAGE, PAYMENT OF LEGAL EXPENSE REDUCES THE LIMITS OF INSURANCE. PLEASE READ THE POLICY CAREFULLY.

For purposes of this application, "you" and "your" refer to the named insured designated below and any officer, partner, director, manager or member thereof.

**PLEASE PROVIDE THE FOLLOWING DOCUMENTS AND MATERIALS ALONG WITH THE COMPLETED ORIGINAL SIGNED AND DATED APPLICATION. ONCE THIS APPLICATION IS RECEIVED, A MEMBER OF OUR STAFF MAY TELEPHONE THE SITE CONTACT DESIGNATED BY YOU IN THE ATTACHED SITE CONTACT SCHEDULE TO CONDUCT A TELEPHONE SURVEY AS PART OF THE APPLICATION PROCESS. THE ATTACHED TELEPHONE SURVEY SUMMARIZES THE INFORMATION THAT WILL BE REQUESTED AND SHOULD BE PROVIDED TO SUCH CONTACT PERSON.**

- **Audited financials** and/or 10K for the latest three (3) years.
  - enclosed       information to follow       do not exist
- Schedule of **environmental insurance policies** for the past three (3) years.
  - enclosed       information to follow       do not exist
- **Environmental surveys/audits, risk assessments, Phase 1's, Phase II's, Phase III's** conducted for any site for which this application is being made.  enclosed       information to follow       do not exist
- **Narrative information answering applicable questions included in the survey page of this application.**

### A. General Information

|                          |                             |
|--------------------------|-----------------------------|
| 1. Named Insured: _____  | Date Established:    /    / |
| Address: _____           | FEIN #: _____               |
| City, State Zip _____    | SIC Code: _____             |
| Contact Name: _____      | Annual Revenues: \$ _____   |
| Phone/Fax: _____ / _____ |                             |
| Email: _____             |                             |

2. Named Insured is a:  Corporation     Partnership     Joint Venture     Other \_\_\_\_\_

3. Describe in detail the Named Insured's operations: \_\_\_\_\_

4. List all other insureds requesting coverage under this policy and describe the relationship to the Named Insured:

| Name of Other Insured | Relationship to Named Insured |
|-----------------------|-------------------------------|
|                       |                               |
|                       |                               |
|                       |                               |

|  |
|--|
| Desired Policy Term: <input type="checkbox"/> One Year <input type="checkbox"/> Two Years <input type="checkbox"/> Three Years <input type="checkbox"/> Other:   |
| Desired Retention for Each Claim: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other: |
| Desired Limit of Liability: <input type="checkbox"/> \$1m/\$1m <input type="checkbox"/> \$3m/\$3m <input type="checkbox"/> \$5m/\$5m <input type="checkbox"/> \$10m/\$10m    Other:                        |
| Proposed Effective Date:    /    /                      Current Retroactive Date:    /    /  |

**LOCATIONS DESCRIPTION**  
(add separate sheet if necessary)

| Location Address | Operations Performed | Total Acres | Lease or Own |
|------------------|----------------------|-------------|--------------|
| 1.               |                      |             |              |
| 2.               |                      |             |              |
| 3.               |                      |             |              |
| 4.               |                      |             |              |
| 5.               |                      |             |              |

**B. History**

- During the past five (5) years have you been, or are you currently being prosecuted for any violation of any standard or law relating to the release or threatened release of any hazardous substance or pollutant at or from any site into the environment?  No  Yes If yes, describe in detail: \_\_\_\_\_  
\_\_\_\_\_
- During the past five (5) years have there been any reportable discharges or releases of any hazardous substance or pollutant at/from any sites for which this application is being made?  No  Yes If yes, describe in detail: \_\_\_\_\_  
\_\_\_\_\_
- During the past five (5) years have there been any claims made against you resulting from the actual or alleged release of any hazardous substance or pollutant at or from any site for which this application is being made?  
 No  Yes If yes, describe in detail: \_\_\_\_\_  
\_\_\_\_\_
- Are you aware of any fact or circumstance that could reasonably be expected to result in a claim being made against you arising from the release of any hazardous substance or pollutant into the environment?  
 No  Yes If yes, describe in detail: \_\_\_\_\_  
\_\_\_\_\_

**COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**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 CALIFORNIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE 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."

**Cortland Management LLC**  
P. O. Box 3161 • Richmond, VA 23228  
Phone: 844-234-2341 • Fax: 844-234-2342

**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 NEBRASKA APPLICANTS:** 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 MATERIAL FACT THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, WHERE SUCH PERSON SUBSEQUENTLY SUBMITS A CLAIM.

**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 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" (365:15-1-10, 36 § 3613.1).

**NOTICE TO OREGON APPLICANTS:** ANY PERSON, WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AND APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY MATERIAL FACT THERETO, MAY BE GUILTY OF AN INSURANCE FRAUD.

**NOTICE TO PENNSYLVANIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR AN 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."

**NOTICE TO VIRGINIA 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."

**Certification**

By signing below, applicant hereby certifies that the statements made and the information and data supplied herewith are true, accurate and complete.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

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## Telephone Survey Summary

These are **sample questions**, and the type of information, that will be asked during any telephone survey that may be conducted as part of the underwriting process. **You may submit answers in writing along with the application.**

1. **Description of operations at the site.**
2. **Describe environmental management and compliance:**
  - Identity of manager/employee vested with specific responsibility for environmental. Describe duties.
  - Documented inspection program
  - On-going remediation projects
  - Existing contamination
  - Public/private complaints or lawsuits
  - Regulatory issues
  - Disaster plans including SPCC, Fire Protection Plan, Contingency Plan, Emergency Response Plan
3. **List of tenants and description of their operations at the site. Please provide a copy of any lease agreement with respect to such tenant.**
4. **EPA identification number.**
5. **Have any environmental audits/surveys been conducted at the site within the past three years.**
6. **Age of facility.**
7. **Description of previous occupancies and uses of the site.**
8. **Description of surrounding environment (within a one mile radius of the site) including topography, land use, waterways, types of industries, residences, schools, hospitals, etc.**
9. **Description of any on-site waste disposal activities (i.e., landfill, ponds, surface impoundment, lagoons, septic system, leach fields, solvent recovery, incineration, etc).**
10. **Description of on-site storage**
  - number of tanks
  - type of tanks (above/below ground)
  - construction of tanks
  - contents of tanks
  - capacity of tanks
  - age
  - any secondary containment, leak detection, results of integrity testing, etc.
11. **Description of off-site waste disposal including type of material, annual quantity, name and address of storage, transfer, disposal or recycling facility transportation of waste including by whom, the type of material transported, amount transported, number of trips/year, and distance/trip**
12. **Types of permits. Compliance with applicable permits? If no, provide details.**
13. **On-site groundwater monitoring. How many wells? Provide groundwater monitoring results from the past four (4) sampling events along with a map showing the location of the wells and groundwater flow direction.**