 PERM™

**Property Environmental Risk Management**

APPLICATION

**INSTRUCTIONS:**

1. Please answer all questions. If any section does not apply, please indicate with N/A.

2. Please type or print in ink.

3. If space is insufficient, attach additional sheets of paper.

4. The Application must be signed by an executive officer, authorized owner, partner, or director of the proposed first   
 named insured.

5. All available Environmental Reports (i.e. Phase 1ESA, Phase II, Tank Closure Reports, et al.)

6. Attached Storage Tank Schedule (if applicable), including type, capacity, contents, and tank tightness test results.

7. Attach financial statements from the last (3) years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I. APPLICANT INFORMATION** | | | | |
| Insured: | | | | |
| Insured’s Address: | | Insured Contact / Title: | | |
| City: | State: | | Zip Code: | Phone: |
| Phone Number: | Website: | | | |

Named insureds is a: Individual  Partnership  Corporation  Joint Venture  Other (describe)

|  |  |  |  |
| --- | --- | --- | --- |
| **II. GENERAL INFORMATION** | | | |
| 1. Has the name of the firm changed or has any other business been purchased, or any merger or consolidation taken place? (if yes, please detail changes in chronological order below) | | Yes No | |
| 1. What is your Projected Revenue (Gross 12 months)?   B. Previous Three Years Gross Revenues   |  |  |  | | --- | --- | --- | | **Year 1** | **Year 2** | **Year 3** | | $ | $ | $ | | |  | |
| 1. Has any insurance been canceled or declined within the past 5 years? (is yes please explain) | | Yes  No | |
| 1. Has the applicant acquired, merged, sold, or dissolved any other entities the last five (5) years? | | Yes  No | |
| Explain any “Yes” answers below: | | |  |
|  |  | | |
|  |  | | |
|  |  | | |

1. Please list your current environmental liability coverage information

|  |  |  |  |
| --- | --- | --- | --- |
| Carrier: | | Premium $: | |
| Limits $: | Expiration Date: | Deductible: | Retro Active Date: |

**III.** **COVERAGE OPTIONS**

1. Policy Term:   
     One Year  Two Years  Three Years  Other
2. Limit of Liability/ Deductible Options

|  |  |  |
| --- | --- | --- |
| Each Claim $: | | Total aggregate Claims $: |
| Deductible $: | Proposed Effective Date: | Retro Active Date: |

**IV.** **HISTORY**

1. Please list your primary products below: (attach a property schedule if available)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location** | **Name** | **Address, City, State** | **Years at location** | **Year Built** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

1. Describe other companies which have offices or operations or lease space at the above locations  N/A

|  |  |
| --- | --- |
| **Location** | **Operations** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |

10. Please provide a general description of operations or occupancy  N/A

|  |  |
| --- | --- |
| **Location** | **Operations** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |

1. Please describe historical use(s) of each location  N/A

|  |  |
| --- | --- |
| **Location** | **Operations** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |

1. Please list any documentation which describes the environmental condition at any of the covered locations  N/A

|  |  |
| --- | --- |
| **Location** | **Operations** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |

|  |  |
| --- | --- |
| 13. Does the company engage in onsite waste disposal or treatment activities (is yes please explain) | Yes  No |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
|  | | | | | | | |
| **V. OPTIONAL COVERAGE ENHANCEMENTS  N/A** | | | | | | | |
| 14. Nonowned disposal site coverage | | | | | | Yes  No | |
| 15. Transportation coverage | | | | | | | Yes  No |
| **VII. CLAIMS   N/A** | | | | | | | |
| 16. Has the company during the last 5 years been cited for any violation of any standard or   law relating to the release of a substance into the environment | | | | | Yes  No | | |
| 17. Describe any environmental claims which the company has been involved in during the  last (5) years? | | | | | **N/A** | | |
|  |  |  |  |
|  |  |  |
| 18. Describe any environmental incidents (spills or releases) or water intrusion events which   occurred within the last five years. | | | | | | | **N/A** |
|  |  |
|  |  |
| **VIII. GENERAL REPRESENTATION STATEMENT** | | | | | | | |
| 19. Are there any statues or other city, state, or federal regulations relating to the environment which apply  N/A | | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| 20. At the time of signing this application, is the company aware of any circumstance which may reasonably be   expected to give rise to a claim under any of the policies for which the company is applying?  Yes  No | | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |

**­NOTICE TO APPLICANT- STATE FRAUD WARNING**

The meaning assigned to any defined term used in this Application shall be equally applicable to both the singular and the plural forms of such term, and word denoting any gender shall include all genders. Where a word or phrase is defined herein, each of its other grammatical forms shall have a corresponding meaning. The Applicant represents that the above statements are true and correct to the best of the Applicant’s knowledge and that material or relevant facts have not been suppressed or misstated. Completion of this form does not bind coverage. This Application shall become part of the policy, if any issued by the company and shall be deemed to be attached to the policy.

Notice to Arkansas Applicant “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

Notice to Colorado Applicant “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 agencies.”

Notice to Florida Applicant “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.”

Notice to Kentucky Applicant “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 Applicant “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 Applicant “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 Applicant “No misrepresentation or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company’s obligation under this policy or contract unless such misrepresentation or warranty: 1. Was material; 2. Was made knowingly with the intent to deceive; 3. was relied and acted upon by the company; and, 4. deceived the company to its injury. The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss.”

Notice to New Jersey Applicant “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 Applicant “Any person who knowing 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 and criminal penalties.”

Notice to New York 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 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 Applicant “Any person who with intent to defraud or knowing that he is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”

Notice to Oklahoma Applicant “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.”

Notice to Pennsylvania 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 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 Tennessee Applicant “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 coverage.”

Notice to Utah Applicant “Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report of billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.”

Notice to Virginia Applicant “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, fine and denial of insurance benefits.”

Notice to Washington D.C. Applicant “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 fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim were provided by the applicant.”

Notice to All Other State 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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.”

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| --- | --- | --- |
| Applicant's Signature |  | Date |
|  |  |  |
| Print Name |  | Title |