

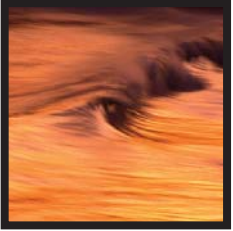
BEACON



HILL
ASSOCIATES INC

BEACON HILL ASSOCIATES, INC.

Experienced access to the environmental insurance marketplace.



In order for us to provide the best terms from our carriers, we need a complete submission from you. Please try to put together as much of the following material as possible. If an item is unavailable or not applicable, let us know when you submit the account. If you have any questions about applicability of a particular item, please don't hesitate to call.

Because the coverage available to sites is so flexible, we ask for a description of the intent of the coverage. In other words, what do you want this policy to do. This will help our carriers craft a policy that does what you want the first time out.

It is important that we receive the following items:

- All sections of specialty apps completed, and the application signed.
- Narrative description of what coverage is intended to do. If relating to a transaction, please identify all parties, and who is to be named on the policy.
- All site reports, investigations, or assessments available.
- Historical coverage information, if any.
- Financial Statements

Contact Information:

Toll-free (800) 596-2156
Fax: (434) 979-8964
Email: info@b-h-a.com
Website: www.b-h-a.com

Corporate Mailing Address:

P.O. Box 1532
Charlottesville
Virginia 22902

Offices Located In:


Charlottesville, Virginia
Atlanta, Georgia
Plano, Texas
Denver, Colorado

dba in California as:

Beacon Hill
Insurance Services
License #0C84253

If coverage without a Mold Exclusion is required, please provide the following:

- History of any mold claims, whether insured or not.
- Describe quality controls, guidelines, and procedures developed to address mold concerns.

 <p>BEACON HILL ASSOCIATES INC ENVIRONMENTAL INSURANCE</p>	<p>Beacon Hill Associates, Inc PO Box 1532 Charlottesville, VA 22902 Toll Free: 800) 596-2156 Fax: 434) 979-8964 info@b-h-a.com</p>	<p>PREMISES POLLUTION LIABILITY APPLICATION</p>
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PREMISES POLLUTION LIABILITY COVERAGE APPLICATION – CLAIMS MADE

Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A".

PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:

- 1) Copies of any site specific environmental reports completed during the past 5 years for the covered location(s)
- 2) Audited financial statement and balance sheet from the past two (2) years
- 3) Five years of currently valued loss runs for all lines of coverage

APPLICANT INFORMATION		
COMPANY NAME:		
HOME OFFICE ADDRESS:		
CITY:	STATE:	ZIP CODE:
Company is: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Other: _____		WEBSITE:
DATE FIRM WAS ESTABLISHED:	PARENT COMPANY:	

PRINCIPAL ENVIRONMENTAL CONTACT:		TITLE:	
TELEPHONE	FAX	EMAIL	
CITY:	STATE:	ZIP CODE:	

REQUESTED COVERAGE		
COVERAGE REQUESTED: <input type="checkbox"/> Onsite Cleanup <input type="checkbox"/> Offsite Cleanup <input type="checkbox"/> Third-Party Pollution Liability		PROPOSED EFFECTIVE DATE:
PROPOSED RETROACTIVE DATE:	PROPOSED LIMITS:	PROPOSED RETENTION:

CURRENT OR PAST POLLUTION COVERAGE					
Current Carrier	Effective Dates	Limits	Retention	Retroactive Date	Premium

HAS ANY INSURANCE COMPANY EVER DENIED, CANCELLED, OR NON-RENEWED POLLUTION LIABILITY COVERAGE?
 YES NO IF "YES", PLEASE EXPLAIN:

COVERED LOCATION INFORMATION

PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY.

COVERED LOCATION INFORMATION			
NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:	SIC CODE:	YEAR STARTED:	ACREAGE:
DESCRIBE CURRENT OPERATIONS AND ANY PRODUCTS MANUFACTURED:			
DESCRIBE KNOWN HISTORICAL OPERATIONS AT THE LOCATION:			
FOR THIS LOCATION, PLEASE DESCRIBE ADJACENT PROPERTIES: NORTH: _____ SOUTH: _____ EAST: _____ WEST: _____ NUMBER OF GROUNDWATER WELLS: _____ DISTANCE TO NEAREST BODY OF WATER AND TYPE: _____ DISTANCE TO THE CLOSEST RESIDENTIAL AREA: _____ IS THE LOCATION WITHIN A FLOOD PLAIN?: _____ IS PUBLIC WATER & SEWER PROVIDED AT THIS LOCATION?: _____			
ARE THERE ANY PLANS FOR FUTURE DEVELOPMENT OF THIS LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE.			

SHIPMENT INFORMATION
FOR THIS LOCATION, PLEASE DESCRIBE THIRD PARTY SHIPMENT PROCEDURES: TYPES OF PRODUCTS SHIPPED _____ METHOD OF SHIPMENT (RAILROAD, AUTO, TRUCK, BOAT, etc) _____ ARE PRODUCTS SHIPPED BY PROPERLY LICENSED CARRERS? <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT OF PRODUCTS SHIPPED PER WEEK _____

ENVIRONMENTAL INFORMATION
HAVE ANY ENVIRONMENTAL STUDIES, REPORTS, OR AUDITS, SUCH AS AN ENVIRONMENTAL SITE ASSESSMENT, EVER BEEN PREPARED FOR THIS LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE COPIES WITH THIS APPLICATION.
DOES THE LOCATION HAVE ANY RELEVANT ENVIRONMENTAL PERMITS (RCRA, UST, NPDES, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE COPIES WITH THIS APPLICATION.

ADDITIONAL INFORMATION
FOR THIS LOCATION, PLEASE IDENTIFY: HAZARDOUS MATERIALS/CHEMICALS USED, TREATED, OR STORED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE ADDENDUM A. ANY TREATMENT FACILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE ADDENDUM B. LANDFILL, TRANSFER STATION, OR RECYCLING FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE ADDENDUM C. UNDERGROUND OR ABOVE GROUND STORAGE TANKS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE ADDENDUM D.

COMPLIANCE HISTORY

ARE YOU AWARE OF ANY NOTICES OF VIOLATION, FINES, PENALTIES, COMPLAINTS, OR RECEIVED ANY CLAIMS OR SUITS RELATING TO ANY POLLUTION CONDITIONS? YES NO **IF YES, PLEASE EXPLAIN.**

ARE YOU AWARE OF ANY PAST OR PRESENT POLLUTION CONDITIONS, OR ANY CIRCUMSTANCES WHICH MAY REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM? YES NO **IF YES, PLEASE EXPLAIN.**

ARE YOU AWARE IF ANY OF THE COVERED LOCATION(S) ARE IN NON-COMPLIANCE OF ANY LOCAL, STATE, OR FEDERAL ENVIRONMENTAL REGULATIONS, STANDARDS, OR STATUES? YES NO **IF YES, PLEASE EXPLAIN.**

**IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.*

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. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT. SUCH AN ACT IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signature of Authorized Applicant

Signature of Broker/Agent

Print Name

Print Name

Title

Date

Date

Signed by Licensed Resident Agent
(Where Required By Law)

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ADDENDUM B – TREATMENT FACILITIES

PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY

COVERED LOCATION INFORMATION	
NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:	
FACILITY EPA ID #:	STATE ID #:
IS THE FACILITY PERMITTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BY WHOM?	

FACILITY BACKGROUND	
TYPE OF TREATMENT FACILITY (CHECK BOX)	
<input type="checkbox"/> PROCESS WATER	<input type="checkbox"/> WASTEWATER
<input type="checkbox"/> DRINKING WATER	<input type="checkbox"/> HAZARDOUS WASTE
<input type="checkbox"/> OTHER:	
WHEN WAS THE FACILITY BUILT?	WHEN WAS THE FACILITY PERMITTED?
MAXIMUM PERMITTED AMOUNT TREATED:	AVERAGE DAILY AMOUNT TREATED:
PLEASE DESCRIBE TREATMENT METHODS:	
IS ANY TREATED MATERIAL OR BY-PRODUCT SOLD OR GIVEN AWAY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN.	
WHERE IS EFFLUENT DISCHARGED:	
HOW IS ACCESS TO THE FACILITY CONTROLLED?	
DOES THE FACILITY TREAT ANY RADICACTIVE WASTE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN.	

EMERGENCY RESPONSE PROCEDURES
DOES THE FACILITY HAVE A WRITTEN EMERGENCY RESPONSE PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE A COPY WITH THIS APPLICATION.
ARE EMPLOYEES TRAINED ON EMERGENCY RESPONSE PROCEDURES? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW OFTEN? _____

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ADDENDUM C – RECYCLING FACILITIES, TRANSFER STATIONS, OR LANDFILLS

PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY.

COVERED LOCATION INFORMATION	
NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:	
FACILITY EPA ID #:	STATE ID #:
IS THE FACILITY PERMITTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BY WHOM?	

FACILITY BACKGROUND			
TYPE OF TREATMENT FACILITY (CHECK BOX)			
<input type="checkbox"/> MUNICIPAL LANDFILL	<input type="checkbox"/> CONSTRUCTION & DEBRIS LANDFILL	<input type="checkbox"/> HAZARDOUS WASTE LANDFILL	
<input type="checkbox"/> TRANSFER STATION	<input type="checkbox"/> RECYCLING FACILITY	<input type="checkbox"/> OTHER: _____	
WHEN WAS THE FACILITY BUILT?		WHEN WAS THE FACILITY PERMITTED?	
MAXIMUM PERMITTED DAILY TONNAGE AMOUNT ACCEPTED:		AVERAGE DAILY TONNAGE AMOUNT ACCEPTED:	
TOTAL ACRES:	DISPOSAL ACRES:	BUFFER ACRES:	BUFFER USE:
PLEASE DESCRIBE MATERIALS ACCEPTED BY THIS FACILITY:			
HOW IS ACCESS TO THE FACILITY CONTROLLED?			
DOES THE FACILITY CURRENT MONITOR THE GROUNDWATER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE MOST RECENT GROUNDWATER MONITORING REPORTS WITH THIS APPLICATION.			

CELL INFORMATION				
	ID No. ____	ID No. ____	ID No. ____	ID No. ____
ACTIVE OR CLOSED				
DATE FIRST USED				
ESTIMATED CLOSURE DATE				
LINER TYPE				
LINER THICKNESS				
LEACHATE COLLECTION SYSTEM				
METHANE COLLECTION SYSTEM				
GROUNDWATER MONITORING SYSTEM				

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ADDENDUM D – STORAGE TANKS

PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY.

COVERED LOCATION INFORMATION	
NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:	
FACILITY EPA ID #:	STATE ID #:
NUMBER OF ABOVEGROUND STORAGE TANKS: _____	NUMBER OF UNDERGROUND STORAGE TANKS: _____

STORAGE TANK SCHEDULE					
	ID # _____	ID # _____	ID # _____	ID # _____	ID # _____
AST OR UST					
AGE					
CAPACITY (gallons)					
PRODUCT CODE					
CONSTRUCTION CODE					
PROTECTION CODE					
LEAK DETECTION CODE					
SECONDARY CONTAINMENT CODE					
MOST RECENT TANK TESTING DATE					
DID IT PASS OR FAIL?					
HAS THIS TANK BEEN UPGRADED TO THE 1998 STANDARDS?					
ASSOCIATED PIPING					
LENGTH OF PIPING (feet)					
AGE					
% OF PIPING UNDERGROUND					
CONSTRUCTION CODE					
PROTECTION CODE					
DISPENSER CODE					
OIL/WATER SEPARATOR IN USE?					

CODES		
PRODUCT CODE	CONSTRUCTION CODE	PROTECTION CODE
D – Diesel	DWS – Double Wall Steel	CP – Cathodic Protection
G – Gasoline	DWF – Double Wall Fiberglass	EC – Epoxy Coated
A – Aviation	STIP – STIP-3 Construction	V – Tank Vault
U – Used Oil	SWS – Single Wall Steel	PL – Pit Liner
O – Organic Chemicals	SWF – Single Wall Fiberglass	N – None
I – Inorganic Chemicals	LS – Lined Steel	P – Painted Tank
	UNK - Unknown	UNK - Unknown

LEAK DETECTION CODE	SECONDARY CONTAINMENT CODE	DISPENSING CODE
E – Electronic Monitoring	PC- Poured Concrete	S – Suction
DS – Dip Stick	CB – Concrete Block	P – Pressure
MW – Monitoring Well	E – Earth	
PT – Pressure Test	L – Lined	
SI – Statistical Inventory	N – None	
N - None	UNK - Unknown	
UNK - Unknown		

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