

## Lender Environmental Collateral Protection and Liability Insurance for Individual Transactions

### Instructions

1. All questions must be answered
2. If space is insufficient, attach additional sheets of paper
3. Please complete one application for each location
4. Please attach the following:
  - a. copy of mortgage agreement
  - b. copies of any phase I, phase II or other environmental assessment performed in the last three years
  - c. annual fiscal year end financial statements, for the previous two (2) years, from the borrower
  - d. Copy of current appraisal report

Please indicate which coverage you are seeking

- Outstanding loan balance     Lessor of, estimated cleanup costs or outstanding loan balance

### . General information

1. Named Insured

2. Mailing address

City

State

ZIP code

3. Street address

City

State

ZIP code

4. Telephone number

5. Fax number

6. Contact name and title

7. E-mail address

8. Proposed effective date of coverage

9. During the last three (3) years has any insurance been declined or canceled for the Named Insured?  Yes  No  
If "Yes", provide details

## II. Coverage options

10. Policy term:  One year  Three years  Five years  Ten years  Other  years

11. Deductible: each claim

- \$10,000
- \$25,000
- \$50,000
- \$100,000
- Other

\$

Other

\$

12. Limit: each claim

- \$1,000,000
- \$2,000,000
- \$5,000,000
- \$10,000,000
- Other

\$

Other

\$

13. Limit: total of all claim

- \$1,000,000
- \$2,000,000
- \$5,000,000
- \$10,000,000
- Other

\$

Other

\$

## III. Loan information

14. Coverage is being requested in conjunction with a:  New purchase  Refinancing  
 Other (explain)

15. If not new ownership by the borrower, indicate length of property ownership

years

16. Is the refinance in conjunction with loan workout or previous default?  Yes  No  
If "Yes", please provide details

17. What is the amount of the loan

\$

18. What is the loan to value ratio

19. What is the term to maturity

\$

20. What is the debt service coverage

21. What is the current appraised value of the property?

\$

22. What type of amortized loan is this?  
 Straight  Balloon

If "Balloon", over what period of years

years

23. Is this loan cross collateralized with other real estate

Yes  No

#### IV. Collateral property description

24. Street address

City

State

ZIP code

County

25. How many acres is the property?

acres

26. Is the Borrower the occupant of the insured location?

Yes  No

27. Year of building construction

28. Current use of property: (check all that apply)

Residential  Retail  Office  Hotel  Vacant land/Agricultural  Warehouse/Light industrial  
 Manufacturing/Industrial

29. Future use of property: (check all that apply)

Residential  Retail  Office  Hotel  Vacant land/Agricultural  Warehouse/Light industrial  
 Manufacturing/Industrial

30. Prior use of property:  Unknown If known, check all that apply:

Residential  Retail  Office  Hotel  Vacant land/Agricultural  Warehouse/Light industrial  
 Manufacturing/Industrial

31. Does the Named Insured have any knowledge of existing environmental contamination on this property?  Yes  No  
If "Yes", attach detailed explanation.

32. What is the current North America Industry Classification System (NAICS) codes for the property uses(s) (if vacant land, what is the NAICS code[s] for future use)

33. Has there been a phase I, phase II or other environmental assessments performed on this property?

Yes  No

If "Yes", include date (month/year)

Please provide copies if performed within the last three (3) years.

34. Are there wetlands on site?

Yes  No  Unknown

If "Yes", does borrower have a permit?

Yes  No

If there are wetlands on site, but no permit, are wetlands delineated?

Yes  No

Will the wetlands be impacted by your development?

Yes  No

35. Has there been, or are there any current occupants/tenants that generated, stored, or handled regulated substances (including but not limited to, dry cleaners, gas stations, printers)?

Yes  No  Unknown

If "Yes", attach details.

36. Are there now, or have there ever been any lagoons, cesspools, collection ponds, septic systems, leachfields, etc.?

Yes  No  Unknown

If "Yes", attach details.

37. Are there polychlorinated biphenyls (PCBs) on site?

Yes  No  Unknown

If "Yes", where are they located

38. Have there been any reportable releases of any regulated substances?  Yes  No  Unknown  
If "Yes", attach details.
39. Have there been any remedial actions conducted?  Yes  No  Unknown  
If "Yes", attach details.
40. Has there been any litigation or enforcement action for this site relating to environmental risk?  Yes  No  Unknown  
If "Yes", attach details.
41. Is this property on a federal or state environmental risk list?  Yes  No  Unknown  
If "Yes", which specific list(s) is the property on

**V. Tank information/schedule**

42. Are there any underground storage tanks (USTs) at the property?  Yes  No
43. Have any USTs been removed, abandoned or closed in place?  Yes  No  Unknown  
If "Yes", has a regulatory agency issued a "No Further Action" letter or given some other form of approval for the closure of the UST(s)?  Yes  No  Unknown  
If "Yes", attach a copy confirming documentation.
44. Are there any above ground storage tanks (ASTs) at the property?  Yes  No
45. If there are known tanks at the property, complete the following

Facility/Location ID			
Tank registration number or unique identifier			
Above ground (AST) or under ground (UST)	<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> AST <input type="checkbox"/> UST
Does the tank meet current EPA compliance? (all USTs must be EPA compliant)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the original tank installation date (mm/dd/yy)			
What is the tank reline or impressed current installation date (mm/dd/yy)			
What is the tank construction	<input type="checkbox"/> Fiberglass reinforced plastic <input type="checkbox"/> STI-P3 <input type="checkbox"/> Fiberglass clad steel <input type="checkbox"/> Steel — Bare <input type="checkbox"/> Steel — Cathodic protection or interior lined <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Fiberglass reinforced plastic <input type="checkbox"/> STI-P3 <input type="checkbox"/> Fiberglass clad steel <input type="checkbox"/> Steel — Bare <input type="checkbox"/> Steel — Cathodic protection or interior lined <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Fiberglass reinforced plastic <input type="checkbox"/> STI-P3 <input type="checkbox"/> Fiberglass clad steel <input type="checkbox"/> Steel — Bare <input type="checkbox"/> Steel — Cathodic protection or interior lined <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (please specify)

Is the tank single or double wall	<input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> Single <input type="checkbox"/> Double
What is the capacity of the tank in gallons			
What is the current content(s) of the tank	<input type="checkbox"/> Empty <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Aviation or jet fuel <input type="checkbox"/> Fuel oil <input type="checkbox"/> New lubricant oil <input type="checkbox"/> Waste oil <input type="checkbox"/> Other (please specify) <input type="text"/>	<input type="checkbox"/> Empty <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Aviation or jet fuel <input type="checkbox"/> Fuel oil <input type="checkbox"/> New lubricant oil <input type="checkbox"/> Waste oil <input type="checkbox"/> Other (please specify) <input type="text"/>	<input type="checkbox"/> Empty <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Aviation or jet fuel <input type="checkbox"/> Fuel oil <input type="checkbox"/> New lubricant oil <input type="checkbox"/> Waste oil <input type="checkbox"/> Other (please specify) <input type="text"/>
What is the base construction for the AST	<input type="checkbox"/> Earthen <input type="checkbox"/> Steel <input type="checkbox"/> Sand <input type="checkbox"/> Fuel oil <input type="checkbox"/> Concrete <input type="checkbox"/> None <input type="checkbox"/> Other (please specify) <input type="text"/>	<input type="checkbox"/> Earthen <input type="checkbox"/> Steel <input type="checkbox"/> Sand <input type="checkbox"/> Fuel oil <input type="checkbox"/> Concrete <input type="checkbox"/> None <input type="checkbox"/> Other (please specify) <input type="text"/>	<input type="checkbox"/> Earthen <input type="checkbox"/> Steel <input type="checkbox"/> Sand <input type="checkbox"/> Fuel oil <input type="checkbox"/> Concrete <input type="checkbox"/> None <input type="checkbox"/> Other (please specify) <input type="text"/>
For a UST system, what type of leak detection program has been implemented (including piping)	<input type="checkbox"/> Interstitial monitoring <input type="checkbox"/> Automatic tank gauge <input type="checkbox"/> Soil vapor monitoring <input type="checkbox"/> Groundwater monitor <input type="checkbox"/> Statistical inventory reconciliation* <input type="checkbox"/> Manual gauging* <input type="checkbox"/> Unknown	<input type="checkbox"/> Interstitial monitoring <input type="checkbox"/> Automatic tank gauge <input type="checkbox"/> Soil vapor monitoring <input type="checkbox"/> Groundwater monitor <input type="checkbox"/> Statistical inventory reconciliation* <input type="checkbox"/> Manual gauging* <input type="checkbox"/> Unknown	<input type="checkbox"/> Interstitial monitoring <input type="checkbox"/> Automatic tank gauge <input type="checkbox"/> Soil vapor monitoring <input type="checkbox"/> Groundwater monitor <input type="checkbox"/> Statistical inventory reconciliation* <input type="checkbox"/> Manual gauging* <input type="checkbox"/> Unknown
* Document the date of the most recent tightness test and findings	Date <input type="text"/> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Date <input type="text"/> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Date <input type="text"/> <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Is the UST equipped with spill and overfill protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the UST have corrosion protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If the tank is an AST, is it equipped with secondary containment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are there any plans to remove the tank within the next three years	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE NOTE:** Tightness test documentation is required for UNDERGROUND tanks that are ten (10) years or older, and do NOT have an automatic leak detection system. Test must show passing results and be within the last year.

## **IV. Notice to applicant — State fraud warnings**

**The applicant represents that the above statements are true and correct to the best of their knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.**

### **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 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 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 of 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 was 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."

**Completion of this form does not bind coverage. The applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued, and it will be attached to the policy.**

Applicant's signature

Applicant's name (please print)

Title

Date

Insurance representative

Name of firm

Address

City

State

ZIP code

Telephone number

Fax number

E-mail address

Surplus lines agent (SLA) (for the state where the named insured is domiciled)

Address

City

State

ZIP code

Surplus lines number

E-mail address