Berkley Specialty Excess
| a Berkley Company

SITE POLLUTION, ENVIRONMENTAL AND REMEDIATION LIABILITY COVERAGE FORM (S.P.E.A.R.) APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

NOTE: For certain policies and coverage parts issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

- Please print or type clearly.
- All questions must be answered. Please contact your agent if assistance is required.
- If any questions do not apply, print or type "N/A" in the space provided.•
- This application must be signed and dated by an authorized Owner, Officer or Partner of the Insured.

If additional space is needed to answer the question, attach details on a separate sheet using the Insured's letterhead. This application is not an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:

1. Five years of currently valued loss runs for all coverages being sought, for all proposed Named Insureds
2. Most recent income statement or balance sheet.
3. Copies of any site-specific environmental reports completed during the past 5 years for the covered location(s).
4. Site plans for covered locations.
5. Copies of any in force pollution liability policies.
6. Currently valued loss runs for prior and in force pollution liability coverage.
7. Auto schedule.

1. APPLICANT INFORMATION

NAME OF APPLICANT:	DATE:
INSPECTION CONTACT:	PHONE:
MAILING ADDRESS:	
WEBSITE:	EMAIL:
FEIN:	COMPANY IS AN: ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ JOINT VENTURE ☐ LLC ☐ OTHER (DESCRIBE): _____
EPA Identification Number:	
If there is more than one proposed Named Insured? List each and provide percentage of ownership and relationship:	

2. REQUESTED COVERAGE

Indicate requested limits, retention, and retroactive date

Coverage Part	Limit of Liability	Deductible/ SIR
Bodily Injury & Property Damage from New Conditions	$	$
Bodily Injury & Property Damage from Pre-Existing Conditions	$	$
On-Site Cleanup Costs Resulting New Pollution Conditions	$	$
On-Site Cleanup Costs Resulting Pre-Existing Pollution Conditions	$	$
Off-Site Cleanup Costs Resulting New Pollution Conditions	$	$
Off-Site Cleanup Costs Resulting Pre-Existing Pollution Conditions	$	$
Sudden & Abrupt Discharge, Release Or Escape Of Pollutants	$	$
Non-Owned Locations	$	$
Non-Owned Disposal Sites	$	$
Transportation Pollution Liability	$	$
Covered Operations	$	$
Crisis Management And Emergency Response Costs	$	$
Products Pollution	$	$
Products Recall	$	$

3. POLICY TERM

Effective Date		Policy Length in Years	

4. COVERED LOCATIONS AND RETROACTIVE DATES

Address	City	State	Zip Code	Retroactive Date	Location Type and Usage

Please list any additional locations in the supplemental schedule at the end of this application.

5. EXPIRING COVERAGE

Provide all expiring information

Carrier	Effective Dates	Retroactive Date	Occurrence Limit	Aggregate Limit	Deductible/ SIR

6. CLAIMS AND COMPLIANCE HISTORY

If additional space is needed, please attach details on a separate sheet of paper

1.	Have there been any losses in the past (5) years arising from or relating to any pollution condition? If "Yes", please detail in the additional comments section at the end of this application.	☐ Yes	☐ No
2.	Is/are there presently any "open" claim(s) being handled by any prior carrier arising from or relating to any pollution condition? If "Yes", please detail in the additional comments section at the end of this application.	☐ Yes	☐ No
3.	Are you aware of any past or present pollution conditions, or any circumstances which may reasonably be expected to give rise to a claim? If "Yes", please detail in the additional comments section at the end of this application.	☐ Yes	☐ No
4.	Are you aware of any notices of violation, fines, penalties, complaints, or investigations relating to any pollution conditions? If "Yes", please detail in the additional comments section at the end of this application.	☐ Yes	☐ No
5.	Are you aware of any notices of violation, fines, penalties, complaints, or relating to any pollution conditions? If "Yes", please detail in the additional comments section at the end of this application.	☐ Yes	☐ No
6.	Are any of your locations in non-compliance of any local, state, or federal environmental regulations, standards, or statues? If "Yes", please detail in the additional comments section at the end of this application.	☐ Yes	☐ No

7. OPERATIONAL EXPOSURES

1.	Do you have any plans for future development, improvement or demolition at the covered locations during the policy period? If "Yes", please detail in the additional comments section at the end of this application.	☐ Yes	☐ No
2.	Are there any planned changes to operations at any covered location during the policy period? If "Yes", please detail in the additional comments section at the end of this application.	☐ Yes	☐ No
3.	Are you aware of any asbestos containing materials or lead based paint at any covered locations? If "Yes", please detail in the additional comments section at the end of this application.	☐ Yes	☐ No
4.	Are there any past, present or current monitoring wells or remedial activities at any covered location? If "Yes", please detail in the additional comments section at the end of this application.	☐ Yes	☐ No
5.	Are there any onsite surface water bodies? If "Yes", please detail in the additional comments section at the end of this application.	☐ Yes	☐ No
6.	Are there any onsite or adjacent drinking water sources? If "Yes", please detail in the additional comments section at the end of this application.	☐ Yes	☐ No
7.	Is public water and sewer available at covered locations?	☐ Yes	☐ No

8. Are any covered locations within a 100-year flood plain?	☐	Yes	☐	No
9. Do you use, store, process or handle chemicals (dry or liquid) at any covered location? If "Yes", please detail in the additional comments section at the end of this application. Please include details on volumes, types of containers and storage practices.	☐	Yes	☐	No
10. Are chemicals stored within secondary containment?	☐	Yes	☐	No
11. Are incompatible materials segregated?	☐	Yes	☐	No
12. Please describe fire detection and suppression controls:				
13. Please describe fire prevention and response plans. Include details on employee training:				
14. Do any fire suppression systems contain perfluorinated materials (PFAS)?	☐	Yes	☐	No
15. Have there been any prior releases or discharges of any suppression system? If "Yes", please detail in the additional comments section at the end of this application.	☐	Yes	☐	No
16. Are covered locations equipped with sealed collection basins for fire water runoff?	☐	Yes	☐	No
17. Please describe security controls at covered locations (e.g. Fencing, Guards, CCTV, Key Cards, etc).				
18. Please describe third party/visitor access safety and security controls:				
19. Are written Spill Prevention Control and Countermeasure plans in place?	☐	Yes	☐	No
20. Are employees trained on spill, hazardous communication, fire and safety plans?	☐	Yes	☐	No
21. Please describe physical spill containment and surface water runoff controls:				
22. Are spill and surface water containment systems capable of containing materials onsite?	☐	Yes	☐	No

8. STORAGE TANKS

1.	Are there above or underground storage tanks (AST and UST, respectively) at any covered location? If yes, please list details in the storage tank schedule at the end of this application.	☐	Yes	☐ No
2.	Have any storage tanks failed a tightness test? If yes, please list details in the storage tank schedule at the end of this application.	☐	Yes	☐ No
3.	Are any storage tanks currently out of compliance with environmental regulations? If yes, please list details in the storage tank schedule at the end of this application.	☐	Yes	☐ No
4.	Are you required to evidence financial assurance for any storage tanks? If yes, please list details in the storage tank schedule at the end of this application.	☐	Yes	☐ No
5.	Have you had any pollutant releases or discharges from any storage tanks? If yes, please list details in the storage tank schedule at the end of this application.	☐	Yes	☐ No
6.	Do you have any plans to remove or replace any storage tanks during the policy period? If yes, please list details in the storage tank schedule at the end of this application.	☐	Yes	☐ No
7.	Have any USTs been previously removed form a covered location? If yes, did the USTs receive regulatory closure?	☐ ☐	Yes Yes	☐ No ☐ No

9. TRANSPORTATION

1.	Do you transport hazardous or regulated materials or waste?	☐	Yes	☐ No
2.	Do you have a vehicle maintenance program?	☐	Yes	☐ No
3.	Do you have a written spill contingency plan?	☐	Yes	☐ No

4. Please describe loading and unloading procedures, including details on spill controls:

5. Please complete the schedule below:

Material	Annual Trips						
	Light Truck	Medium Truck	Heavy Truck	Extra Heavy Trucks	Tractors	Rail	Watercraft
Non-Hazardous							
Non-Hazardous Combustible							
Hazardous							
Hazardous Combustible							

10. WASTE GENERATION AND DISCHARGE

1. Do you generate, handle or dispose of any regulated or hazardous wastes? If yes, what is your EPA generator status?	☐ Yes	☐ No
2. Please describe storage, handling and disposal procedures for hazardous and non-hazardous waste:		
3. Have you ever been fined, convicted, penalized or identified as a primary responsible party for waste disposal?	☐ Yes	☐ No
4. Are any covered locations a treatment, storage and disposal facility? If "Yes", please detail in the additional comments section at the end of this application.	☐ Yes	☐ No
5. Do any covered locations contain any waste lagoons, landfills, or waste pits? If "Yes", please detail in the additional comments section at the end of this application.	☐ Yes	☐ No

6. Please identify any effluent discharge points for waste and storm water, at any covered location:

Location	Discharge Point Description

12: Please identify any atmospheric emissions at any covered location.

Location	Annual Volume	Description

7. Do you utilize non-owned disposal sites? If yes, please list the disposal sites in the schedule below	☐ Yes	☐ No

DISPOSAL SITE SCHEDULE AND RETROACTIVE DATES

Address	City	State	Zip Code	Retroactive Date	Location Type and Usage

Please list any additional locations in the supplemental schedule at the end of this application.

11. COMPLIANCE AND CLAIMS	
1. IS THE APPLICANT AWARE OF ANY FACTS OR CIRCUMSTANCES THAT RELATE TO AN OCCURRENCE, WRONGFUL ACT, OR INCIDENT OF ANY TYPE, INCLUDING THOSE CAUSED BY INCREMENTAL, CONTINUOUS, OR PROGRESSIVE DAMAGE ARISING FROM ANY OF THE INSURED'S OPERATIONS, EMPLOYEES, OR AFFILIATES ACTING ON THE INSURED'S BEHALF WHICH COULD REASONABLY RESULT IN A CLAIM, THAT HAVE NOT BEEN REPORTED TO A PRIOR INSURANCE CARRIER; IF "YES", PLEASE DETAIL IN THE ADDITIONAL COMMENTS SECTION AT THE END OF THIS APPLICATION.	☐Yes ☐No
2. WITH RESPECT TO THE RELEASE, PRESENCE OR EXISTENCE OF PERFLUORINATED COMPOUNDS AT ANY LOCATION OR IN ANY WAY RELATED TO YOUR PRODUCTS, IS OF ANY FACTS OR CIRCUMSTANCES THAT RELATE TO AN OCCURRENCE, WRONGFUL ACT, OR INCIDENT OF ANY TYPE, INCLUDING THOSE CAUSED BY INCREMENTAL, CONTINUOUS, OR PROGRESSIVE DAMAGE ARISING FROM ANY OF THE INSURED'S OPERATIONS, EMPLOYEES, OR AFFILIATES ACTING ON THE INSURED'S BEHALF WHICH COULD REASONABLY RESULT IN A CLAIM, THAT HAVE NOT BEEN REPORTED TO A PRIOR INSURANCE CARRIER; IF "YES", PLEASE DETAIL IN THE ADDITIONAL COMMENTS SECTION AT THE END OF THIS APPLICATION.	☐Yes ☐No
3. WITH RESPECT TO TOXIC TORT, IS THE APPLICANT AWARE OF ANY FACTS OR CIRCUMSTANCES THAT RELATE TO AN OCCURRENCE, WRONGFUL ACT, OR INCIDENT OF ANY TYPE, INCLUDING THOSE CAUSED BY INCREMENTAL, CONTINUOUS, OR PROGRESSIVE DAMAGE ARISING FROM ANY OF THE INSURED'S OPERATIONS, EMPLOYEES, OR AFFILIATES ACTING ON THE INSURED'S BEHALF WHICH COULD REASONABLY RESULT IN A CLAIM, THAT HAVE NOT BEEN REPORTED TO A PRIOR INSURANCE CARRIER; IF "YES", PLEASE DETAIL IN THE ADDITIONAL COMMENTS SECTION AT THE END OF THIS APPLICATION.	☐Yes ☐No
4. IS THE APPLICANT AWARE OF ANY REQUESTS FOR INFORMATION BY ANYONE, INCLUDING AN ATTORNEY, WHICH MIGHT RESULT IN A CLAIM	☐Yes ☐No
5. HAVE YOU EVER BEEN FINED, CONVICTED, PENALIZED OR IDENTIFIED AS A PRIMARY RESPONSIBLE PARTY FOR WASTE DISPOSAL? IF "YES", PLEASE DETAIL IN THE ADDITIONAL COMMENTS SECTION AT THE END OF THIS APPLICATION.	☐Yes ☐No
6. HAVE YOU HAD ANY REPORTABLE RELEASES OR SPILLS OF ANY POLLUTANTS OR REGULATED MATERIALS? IF "YES", PLEASE DETAIL IN THE ADDITIONAL COMMENTS SECTION AT THE END OF THIS APPLICATION.	☐Yes ☐No
7. HAVE YOU EVER BEEN FINED, CONVICTED, PENALIZED OR IDENTIFIED AS A PRIMARY RESPONSIBLE PARTY FOR THE RELEASE OR THREATENED RELEASE OF ANY POLLUTANTS OR REGULATED MATERIAL? IF "YES", PLEASE DETAIL IN THE ADDITIONAL COMMENTS SECTION AT THE END OF THIS APPLICATION.	☐Yes ☐No
8. HAVE YOU EVER BEEN FINED, CONVICTED, OR PENALIZED FOR FAILURE TO COMPLY WITH ANY FEDERAL, STATE, LOCAL OR TRIBAL ENVIRONMENTAL REGULATIONS, STATUTES OR LAWS? IF "YES", PLEASE DETAIL IN THE ADDITIONAL COMMENTS SECTION AT THE END OF THIS APPLICATION.	☐Yes ☐No
9. ARE YOU AWARE OF ANY PRIOR INSURANCE CARRIER REFUSING COVERAGE FOR, OR DECLINING TO ACCEPT A REPORT OF ANY OCCURRENCE, INCIDENT, THREAT OF CLAIM, BETTER OF INTENT, ADVERSE RESULT NOTICE, OR ATTORNEY CONTACT IF "YES", PLEASE DETAIL IN THE ADDITIONAL COMMENTS SECTION AT THE END OF THIS APPLICATION.	☐Yes ☐No

12. FRAUD WARNING

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 FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.)

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IN THE DISTRICT OF COLUMBIA, 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

13. WARRANTY

The undersigned authorized officer of the applicant warrants to the Company, that I/We that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, principals, partners, directors, officers and employees.

This application must be signed by the owner, principal, partner, executive officer or equivalent within 60 days of the proposed effective date.

Name of Applicant	**Title**
Signature of Application	**Date**

SUPPLEMENTAL COVERED LOCATIONS SCHEDULE					
Address	**City**	**State**	**Zip Code**	**Retroactive Date**	**Location Type and Usage**

STORAGE TANK SCHEDULE								
Tank ID	**AST or UST?**	**Age**	**Capacity**	**Construction**	**Contents**	**Leak Detection Details**	**In Use? Yes or No**	**Overfill and Spill Protection Details**

SUPPLEMENTAL NON-OWNED DISPOSAL SITES AND NON-OWNED LOCATIONS SCHEDULE

Address	City	State	Zip Code	Retroactive Date	Location Type and Usage

ADDITIONAL COMMENTS