

## Frenkel Environmental Facilities Application

**Instructions:**

- Answer all questions completely, leaving no blanks. If any questions are not applicable please use N/A in the space provided.
- If additional space is necessary to answer a question please attach supplementary pages.
- This application must be completed, signed, and dated by an authorized officer of your company.
- Please attach the following:
  - Past two years of audited financial statements, income statement, balance statement, annual reports, and accountant notes.
  - Past five years of any pollution claims or loss and provide a narrative surrounding the circumstances. Also include what measures are in place to prevent a similar incident in the future.
  - Summary of Environmental Site Assessments/Remediation (past/present/future)

1. Name of Applicant: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Internet: \_\_\_\_\_

2. Company/Firm is: Partnership:  Corporation:  JV:  Public:  Private:   
 Other:

Date Company/Firm was established: \_\_\_\_\_

3. List any subsidiaries or entity that has a controlling interest in the company.

Name of Company	Relationship to your Company	Services Performed

Does this subsidiary or entity need to be added to the Policy as an Additional Insured?

Yes  No

4. Property Description

Name	Address	Brief Description

5. What type of structures are currently on the property, include use, square footage?

Structure	Square Footage	Use

6. Who are the current operators of these structures and what operations take place on site? How long have these operators been on this site? Attach additional sheets.

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7. What environmental insurance if any does your company currently have on these Structures? Please provide a copy of the policy.

8. Have you ever been denied pollution coverage or renewal of a policy?

Yes  No

If yes, please explain.

9. Has your company had any pollution claims brought against them?

Yes  No

If yes, please explain.

10. Have you ever been in violation of any law or standard pertaining to a release of pollutant?

Yes  No

If yes, please explain.

11. Are you aware of any contamination on site that might give rise to a future claim?

Yes  No

If yes, please explain.

12. Are there any environmental laws or standards that you cannot currently comply with?

Yes  No

If yes, what are the laws or standards. \_\_\_\_\_

\_\_\_\_\_

13. Has there been any site investigation for contamination? (sampling, remediation etc.)

Yes  No

If yes, give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Are there any future plans for site changes, subleasing, change in operations etc. Please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Provide information on adjacent land use. Attach a plot summary.

North \_\_\_\_\_

South \_\_\_\_\_

East \_\_\_\_\_

West \_\_\_\_\_

16. List the water bodies surrounding the property (lakes, streams, wetlands etc.).

17. Are there any protected areas on the perimeter of the property?

Yes  No

If yes, please explain.

18. Are there any public drinking water sources in the area? Yes  No

19. Is your property near a 100-year flood line? Yes  No

20. Are public water or sewer systems used on site, if not please indicate what is used.

21. Has a private well or sewer system ever been present on site? Explain.

22. Are you located in an earthquake zone?.

23. Are any raw materials or processing materials used or stored on site? (cleaning agents, degreasers etc.)

Type of Material	Quantity Used per year	Storage Method (drum, tank)	Secondary Containment

24. Do you meet all standards and requirements for storage and containment? If no, please explain.

25. Have you stopped using any materials during the past 5 years? If yes, list the products.

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26. Are there any AST or UST on the property? Yes  No

If yes, complete the tank information below.

AST/UST	Capacity (gallons)	Material being stored	Tank Construction (i.e. steel)	Age (yrs)	Secondary Containment Type (i.e. concrete)

26. Is any hazardous waste generated, stored or disposed of? Yes  No

If yes, please complete information below.

Material	Amt. Stored per/yr (gallons)	Storage Method	Disposal Method (onsite/offsite)

28. Describe past disposal and storage methods.

29. Does your facility have a Quality Control Procedure for monitoring incoming materials or waste.

Yes  No

If yes, please attach procedure.

30. What types of air emissions are produced onsite?

Air Emission	Amt. Produced per/yr	Method of Treatment/Monitoring

31. Are employees trained to respond to spills or accidents which might occur?

Yes  No

If yes, list training programs

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32. Are emergency drills carried out by the facility managers or local fire department?

Yes  No

33. Is the local fire department familiar with emergency response procedures for your facilities and are they aware of any hazardous materials onsite?

Yes  No

34. Do your facilities have PPC and/or SPCC plans and a Corporate Safety plan?

Yes  No

If no, please explain. Include alternative plans used.

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35. Describe facility safety and monitoring procedures at loading/unloading areas.

36. Do you have a facility terrorism response and prevention plan?

Yes  No

**BY SIGNING THIS APPLICATION, YOU WARRANT TO THE COMPANY THAT ALL STATEMENTS AND ATTACHMENTS MADE IN THIS APPLICATION ARE TRUE AND NO FACTS HAVE BEEN CONCEALED OR MISSTATED. ANY APPLICANT WHO KNOWINGLY GIVES FALSE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FACES CRIMINAL AND CIVIL PENALTIES. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE BINDING COVERAGE AND A POLICY ISSUED**

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

\_\_\_\_\_  
Signature of Broker/Agent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date