

Frenkel Environmental Impairment Liability 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 |
|-----------------|------------------------------|--------------------|
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Does this subsidiary or entity need to be added to the Policy as an Additional Insured?

Yes No

4. How Many Employees: Technicians: _____
 Engineers: _____ Project Managers: _____
 Laborers: _____ Operators: _____
 Consultants: _____ Others: specify *(additional information can be attached).

5. Total Company Gross Revenue

Present Year \$ _____
 Estimated next year \$ _____
 Last Three years \$ _____ \$ _____ \$ _____

6. Has your company had Pollution Liability Insurance in the past 3 years? If you answer yes please fill in the policy information below.

Yes No

| <u>Carrier</u> | <u>Limits</u> | <u>SIR/Ded</u> | <u>Policy Period</u> | <u>Exp. Date</u> |
|----------------|---------------|----------------|----------------------|------------------|
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7. Has the applicant ever been denied or renewal refused for Pollution Liability coverage? Yes No

If yes, please give full details and attach additional sheets if necessary.

8. Are certificates of insurance reviewed for subcontractors? Yes No

9. Describe minimum insurance requirements for subcontractors.

10. Please Provide the following information on your company's three largest current Projects.

| Project Name | Location | Project Type | Services Performed | Estimated Costs |
|--------------|----------|--------------|--------------------|-----------------|
| | | | | |
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11. Have any claims been made or legal actions been brought against the applicant, predecessor company or it's affiliates?
 Yes No

If yes, please give full details and attach additional sheets if necessary.
 Include:

- Date when claim was made
- Date the error or omission leading to the claim was committed
- Name of claimant
- Type of claim, notice or suit.
- Final decision, amount of settlement

12. At the time of signing this application, are there any circumstances that may be expected to turn into a claim against the applicant or other parties? Explain.

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