

AMERICAN INTERNATIONAL COMPANIES

Name of Insurance Company to which application is made

CLEANUP COST CAP INSURANCE APPLICATION

THIS IS AN APPLICATION FOR A **CLAIMS MADE** POLICY

Instructions

1. Please complete this application. All questions must be answered.
2. If space is insufficient to complete answers, please continue on your firm's letterhead.
3. Have this form signed and dated by an owner, partner, director or officer of your firm.
4. In addition to all information requested in this application, please provide at least 3 years of audited financial statements.

GENERAL INFORMATION

1. Named Insured ("applicant") _____

Contact Person/Title _____

Post Office Address _____

Telephone # _____ Fax # _____

Site Location ("property") _____

2. Named Insured is a:

___partnership ___corporation ___joint venture ___other _____

3. If the applicant is not the current property owner, please identify the applicant's relationship to the property.

4. What is the proposed future use of the property?

5. Is the applicant the sole party responsible or potentially responsible for the environmental remediation of the property? Yes___ No___ If not, please attach a list of all other known and suspect responsible parties.

PROJECT DESCRIPTION

- 6. Project description-Attach a detailed proposed remediation plan for the property.
- 7. Plans and Drawings-Attach a copy of all applicable site, construction, utility and geophysical plans.
- 8a. List of Contractors- Indicate which contractors will be providing services for the proposed remediation project.

Consulting Engineers/Architects_____

Project Management_____

Engineering Design_____

Cost analysis_____

Geophysical surveys_____

Health and Safety_____

Laboratory_____

Drilling/well installation_____

Excavation_____

Demolition_____

Site decontamination_____

Water treatment_____

Groundwater treatment_____

Air emissions control_____

Soil vapor extraction_____

Mobile Treatment_____

Barriers, Liners_____

Tank removal_____

Transportation_____

PCB removal_____

Pipeline cleaning_____

Dredging_____

Sewer/septic_____

Plumbing_____

Electrical_____

Site work_____

Security_____

Building construction_____

Materials suppliers_____

Utilities_____

Other (specify)_____

8b. For each contractor listed above, provide or attach the following information (where applicable):

- **Scope of work**
- **Cost estimate**
- **Qualifications package**
- **Resumes of key personnel**
- **Hazardous training manuals and certifications**
- **List of professional liability, pollution liability and general liability claims and suits against each contractor**
- **QA/QC plans**
- **Project communication plan**
- **Copies of Performance and payment bonds**
- **Corporate safety procedures**
- **Warranties, certifications and service agreements**
- **Current certificates of insurance from each contractor for general liability, professional liability, pollution liability and builders risk**

8c. Provide a complete copy of the contract between the remediation contractor for the proposed remediation project, and the applicant.

9a. Will an owner's representative or project manager be hired independently to represent the owners interest at the remediation project? Yes___ No___
If yes, provide details.

9b. How are disputes settled between parties performing the remediation and the party representing the owner's interest?

10. Attach a description of any petroleum or hazardous materials to be used at the project site. Identify the quantity of material to be stored at any one time, method of storage and location.

11. What off-site locations are proposed for disposal, treatment or storage activities?

12. What cleanup standards will apply to this project?

13. Does the remediation plan anticipate contaminated materials, soil, or water remaining on site which are above regulatory action levels? If so, please describe.

14. What Operation and Maintenance (O&M) activities will be required?

15. What is the anticipated length of time O&M will be required?

16. What environmental monitoring will be required and for what length of time?

17. What non-remedial activities will occur at the project remediation site that are not associated with environmental cleanup efforts?

18. Project Work/Cost Schedule- Attach a weekly/monthly project schedule showing major milestones, critical time elements, regulatory approvals, time variances, and a weekly/monthly project cost schedule which corresponds to the project work schedule.

PROJECT SITE DESCRIPTION

19. Environmental Condition of the Site- Attach a Description of the current environmental condition of the remediation project site and surrounding properties, including historic assessments performed, contamination identified, extent of contamination (lateral and horizontal extent), site geology, surface and subsurface water, natural resources damages, air emissions, and public health issues.

PROJECT COSTS

20.a. What are the total projected remediation costs?

Year 1 _____

Year 2 _____

Year 3 _____

Additional years (attach a description of scope and cost detail)

20.b. Please provide a breakdown of the individual components that make up the total per year costs listed in 19.a. above (please provide this breakdown for each year).

21. Is the applicant aware of any fact, circumstance or situation that may cause the actual remediation costs to increase above the projected remediation costs?

Yes___ No___ If, yes, give full details

22. What contingencies exist for unplanned schedule changes that could potentially affect project costs?

REGULATORY ACTIVITIES

23. Is the site under a Consent Order, Agreement or other formal action by regulatory agencies? Yes ____ No ____ If yes, please attach a copy of all pertinent documents.

24. What environmental regulatory agency has jurisdiction over this property?

25. Are regulatory approvals required for sign off/no action after completion of cleanup? Yes ____ No ____ If yes, please describe.

26. Attach a list of all third parties and non-applicant owned-property affected by the existing contamination (include a site plan delineating property boundaries).

27. What environmental activities, cleanup actions, assessments and liabilities are not part of the remedial study/remedial action plan?

COVERAGE REQUEST

28. Desired Insurance coverage

Limit of Liability _____

Proposed effective date _____

29. Are any Joint Ventures being proposed for coverage under this policy?
Yes ____ No ____ . If yes, please describe.

30. Attach a list of proposed Insureds to be covered by this policy and each entity's relationship to the property (only those entities specifically identified and approved by the underwriter will be designated as Insureds).

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation and Company's written agreement to be bound is required to bind coverage and to issue policy. It is agreed that this form shall be the basis of the contract should a policy be issued, and will be attached to the policy.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made apart hereof.

* NOTICE TO NEW YORK 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 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 APPLICANTS

"ANY PERSON, WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO KENTUCKY APPLICANTS

"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 PENNSYLVANIA 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 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."

If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail.

APPLICANT _____ DATE _____
signature of officer of corporation

APPLICANT _____
(print name & title)

BROKER _____ DATE _____
(print name of firm)

(address of brokerage firm)

(contact person & telephone number)

(agent license number)