

AMERICAN INTERNATIONAL COMPANIES®

Name of Insurance Company to which application is made

CLEAN-UP COST CAP INSURANCE APPLICATION

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 most recent 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 suspected responsible parties, and, if available, the percentage of responsibility allocated to each party.

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 remediation 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 and 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

- 19a. 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.
- 19b. Attach copies of all environmental reports, audits, site assessments or studies of any nature ever conducted of the property, whether or not conducted or your behalf, of which you are aware.
- 19c. Is the applicant aware of any environmental reports, audits, site assessments or studies other than those attached in response to question 19b.? Yes___ No___ If yes, provide details.

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 20.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

- 21.b Is the applicant aware of any pending or proposed changes to the Remedial Plan?
- 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 the 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 ARKANSAS APPLICANTS: "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 DISTRICT OF COLUMBIA APPLICANTS: "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. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO COLORADO APPLICANTS: "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 AUTHORITIES."

NOTICE TO FLORIDA APPLICANTS: "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 IN THE THIRD DEGREE."

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 MAINE APPLICANTS: "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 NEW MEXICO APPLICANTS: "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 FINES AND CRIMINAL PENALTIES."

NOTICE TO NEW JERSEY APPLICANTS: "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 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, 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 OKLAHOMA APPLICANTS: "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" (365:15-1-10, 36 §3613.1).

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."

NOTICE TO VIRGINIA APPLICANTS: "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 INSURANCE BENEFITS."

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)