

**Supplemental Application for Increased Premises Pollution Limits Under
CSI Broadening Endorsement**

1. Name of Applicant: _____
- Principal Contact: _____ E-mail Address: _____
- Mailing Address: _____
- Telephone #: _____ Fax #: _____
- URL: http:// _____ Date Established: _____
- The Applicant is: Corporation Partnership Joint Venture LLC/LLP
 Other: _____

Details of covered locations: *(continue on a separate sheet, if necessary)*

Company Name:	Street Address City, State Zip Code:	Standard Industrial Classification Code: SIC	Year Operations Began:	Owned/Leased	Facility Size: (acres or square feet)

2. **Limits of Liability requested: \$1,000,000 occurrence/aggregate**
3. **Does the applicant currently purchase pollution coverage? If so, please provide the carrier name, policy limits and subject premium.**

Current Pollution Insurance Carrier Name:	Current Pollution Policy Limits:	Current Pollution Policy Premium:

4. **Describe the current use of each property (including products stored or used on premises):**

5. Describe the prior uses of each property:

6. Describe the use of the surrounding properties:

7. Are any properties located in a 100-year flood plan or an area subject to periodic ponding or flooding? If yes, when was the last time the location was impacted by ponding or flooding and detail the extent of the water intrusion? What measures are in place to mitigate future damage?

8. Are there or were there ever any underground storage tanks located on the property? If yes, do they remain in use? If yes but they are no longer in use, were the tanks closed or removed in accordance with applicable regulations? If yes, please attach evidence of proper closure or removal.

9. Are there any above ground storage tanks on the property? If yes, please indicate the contents and volume of each tank.

10. Do you have any contracting or other service operations that you conduct outside the boundaries of the insured property? If yes, please detail.

11. Is your property supplied by municipal water? If not, how is potable water supplied to the property?

- 12. Does the Applicant or any other party to the proposed insurance have knowledge of any existing pollution conditions at any of the proposed covered locations?**
- 13. In the last five years has the applicant or any other party to the proposed insurance had any reportable releases or spills of hazardous substances, hazardous wastes, or any other pollutant as defined by applicable environmental statutes or regulation?**
- 14. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the Applicant or any other party to the proposed insurance involving releases or spills of hazardous substances, hazardous wastes, or any other pollutant as defined by applicable environmental statutes or regulation?**
- 15. Does the Applicant or any other party to the proposed insurance have knowledge of Injury to people or damage to property during the last five (5) years on or at projects where the Applicant or any other party to the proposed insurance performed operations involving releases or spills of hazardous substances, hazardous wastes, or any other pollutant as defined by applicable environmental statutes or regulation?**
- 16. Does the Applicant or any other party to the proposed insurance have knowledge of any claims made or pollution conditions during the last five (5) years resulting from the transportation of the Applicant's or any other party's waste, goods or products?**
- 17. Does the Applicant or any other party to the proposed insurance have knowledge of any claims made with respect to pollution conditions on, at, under or migrating from any disposal sites to which the Applicant's or any other party's waste is currently being, or has historically been, taken for recycling or disposal?**

18. At the time of signing this application, is the Applicant or any other party to the proposed insurance aware of any circumstances that may reasonably be expected to give rise to a claim against the Applicant or any other party to the proposed insurance from the release of pollutants?

If "Yes" is indicated with respect to questions 12-18 above, please provide a detailed description of the claim or circumstance (indicate the alleged incident, location, date, type of injury, etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.

Signature of Authorized Applicant
Print Name
Title
Date

The Applicant warrants and agrees that to the best of its knowledge, the information provided in this application and any addenda is true and that all pertinent information has been completely disclosed. It is also the duty of the Applicant to notify CSI of any changes in its products or of any claim or any fact, circumstance or situation that could give rise to a claim from the date of the application to the time coverage is bound. Failure to comply with these conditions could result in the denial of any claim due to the fact that the product, claim, fact, circumstance or situation was not disclosed prior to the effective date of coverage.

Failure of the insured to maintain HCPA membership and to pay all self-insured Retained Amounts when due will result in nonrenewal.