

SECTION I – GENERAL INFORMATION

1. **APPLICANT NAME/LENDER:** _____
Street Address: _____
City/State/Zip Code: _____
Contact Name: _____ Contact Title: _____
Telephone: _____ Fax: _____
E-mail: _____ Website: _____
Federal Employer Identification Number: _____
EPA Identification Number(If Applicable): _____
Tax Exempt: ☐ Yes ☐ No If yes, provide evidence of tax exempt status.
2. **BORROWER NAME:** _____
Street Address: _____
City/State/Zip Code: _____
3. **Borrower is:** ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other:
☐ Public or ☐ Private

SECTION II – DETAILED PROPERTY AND PROCEDURES INFORMATION

Please provide copies of any environmental studies, reports, audits or investigations that have been conducted for each location listed herein. If additional space is needed to answer any of these questions, please attach.

When answering a specific question, please provide information for each location herein and attach a Site Plan.

1. **Property Address and Description, including acreage, for this location:**
2. **List any current structures or buildings on this location (i.e., type of building, age, construction, etc.):**
3. **Describe any changes in the type, use or the presence of any structures or buildings at each location in the past, by either the current owner or by others?**
4. **Summary of current occupants and uses or business operations performed on this location:**
5. **How long has each of these current business operations been on-going?**
6. **How long has the present owner controlled or owned this location?**
7. **What types of uses or business operations have been performed in the past, if different than those described above, by either the current owner or by others?**

8. How long have those other uses or operations been performed?

9. What is the future intended use of this location?

10. Property Setting:

a. Provide a description of adjacent land use:

North:

South:

East:

West:

b. Are there any nearby surface water bodies (i.e., streams, lakes, wetlands, etc.)? ☐ Yes ☐ No
If yes, please explain:

c. Are there any protected environments in the area (i.e., parks, wildlife reserves, etc.)? ☐ Yes ☐ No
If yes, please explain:

d. Are there any surface or groundwater uses in the area (i.e., drinking wells, etc.)? ☐ Yes ☐ No
If yes, please explain:

e. Is public water and sewer used on this location? ☐ Yes ☐ No
If no, identify what is used in its place:

f. Has a private well or septic system ever been used on this location? ☐ Yes ☐ No
If yes, please explain:

g. Is the property located within a 100-year flood plain? ☐ Yes ☐ No
If yes, have you obtained flood insurance coverage? ☐ Yes ☐ No

h. Is the location in an Earthquake Zone 1, 2, or 3 as defined by the International Organization of Standardization (ISO) or an otherwise seismically active area? ☐ Yes ☐ No
If yes, have you obtained earthquake coverage for this location on your property insurance? ☐ Yes ☐ No

i. If the property is located in an Earthquake Zone 1, 2, or 3 as defined by ISO or an otherwise seismically active area, please describe any special precautions or emergency response procedures used to protect site equipment, tank age, containment, chemical/waste storage areas, etc.

11. Tank Storage:

- a. Does this location have any Aboveground Storage Tanks (ASTs) or Underground Storage Tanks (USTs)? ☐ Yes ☐ No
If yes, please complete the table below. If additional space is needed, please attach.

AST or UST	Capacity (gallons)	Contents	Age (years)	Construction Material	Base Material	Secondary Containment Type / Volume		Tightness Test Anniversary Date
EXAMPLE: AST	5,000	Gasoline	7	Steel	Clay	Concrete	110%	7/4/2003

- b. Please provide an explanation on any tank inventory control and/or testing methods used and attach copies of latest tank test results for each storage tank for which the Applicant/Lender is requesting coverage.

12. Does this location generate, handle, store or dispose of any hazardous waste or materials? ☐ Yes ☐ No
If yes, please explain:

13. Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment which apply to this location with which the current owner/operator cannot at present comply? ☐ Yes ☐ No
If yes, please explain:

14. Have any prior environmental studies, reports, audits or investigations been prepared for this location? ☐ Yes ☐ No
Complete copies of all environmental assessments (Phase I, Phase II, etc.) must accompany this Application.
Provide full details as to any recommendations made and the status of compliance:

15. Has there been any past, present or planned remediation, monitoring, or sampling to investigate potential contamination on, at, under or migrating from this location? ☐ Yes ☐ No
If yes, please provide complete copies of these reports.

SECTION III – FUTURE SITE PLANS AND INVESTIGATIONS

1. Are you aware of any plans to sell or sublease any part of the location and/or sell any of the business operations performed at this location? ☐ Yes ☐ No
If yes, please explain:

2. Are you aware of any plans by a future perspective owner or tenant for development, improvement, betterment, demolition or plans for changes in use or business operations at this location? ☐ Yes ☐ No

If yes, please explain:

3. Are you aware of any plans by a future perspective buyer or tenant to initiate or complete any studies, investigations, testing and/or monitoring for environmental conditions at this location? ☐ Yes ☐ No

If yes, please explain:

SECTION IV – IN-FORCE COVERAGE SUMMARY

1. Current Pollution Coverage Provided Under Other Policies:

Whether full pollution coverage or sudden/accidental named peril coverage, please summarize the current in-force pollution coverage in the table provided below for this location. If additional space is needed, please attach.

Current Carrier	Policy Period	Limits and/or Sublimits of Liability	Self-Insured Retention Amount	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

- a. Has any insurance company denied, canceled or non-renewed pollution liability coverage for the Borrower? ☐ Yes ☐ No

If yes, please give details:

2. Please provide the following information for the below referenced coverage lines for this location:

Type of Coverage	Current Carrier	Policy Period	Limits of Liability	Premium
General Liability			\$	\$
Directors & Officers			\$	\$
Property			\$	\$
Excess/Umbrella			\$	\$

SECTION V – RECORD AND COMPLIANCE HISTORY

1. Has the Borrower ever been investigated, cited and/or prosecuted for contravention or violation of any standard or law relating to any release of pollutants? ☐ Yes ☐ No

If yes, please give details:

2. Has the Borrower ever had any pollution claims including, but not limited to, claims by private persons, entities, government agencies or other third parties? ☐ Yes ☐ No

If yes, please describe:

3. At the time of signing this Application, are you aware of any facts or circumstances which may reasonably be expected to result in a claim being asserted against the Borrower or your company for environmental clean-up, bodily injury or property damage under a Pollution Legal Liability or General Liability Policy? ☐ Yes ☐ No
- If yes, please explain:

SECTION V – LOAN INFORMATION

1. Loan Information:

- a. Loan Amount: \$
- b. Loan Term: months
- c. Amortization Term: months
- d. Is this a refinance of an existing loan? ☐ Yes ☐ No
If yes, please give details and identify how many years the Borrower has had a loan for this specific location:
- e. Is this loan a primary mortgage position? ☐ Yes ☐ No
- f. Is any of the loan proceeds intended for site rehabilitation or new construction? ☐ Yes ☐ No
If yes, please give details:
- g. What is the collateral for the loan? ☐ Land ☐ Building ☐ Other
If Other, please give details:
- h. Loan to Value Ratio? %
- i. Debt to Service Coverage Ratio? %

APPLICANT FRAUD WARNINGS

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 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 Agencies.

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 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 of the third degree.

NOTICE TO KANSAS APPLICANTS: A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

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 LOUISIANA 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 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 denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 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 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 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.

NOTICE TO PENNSYLVANIA APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance: 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.

Automobile Insurance: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO RHODE ISLAND 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 TENNESSEE APPLICANTS: All Commercial Insurance, Except As Provided for Workers' Compensation 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.

Workers' Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO UTAH APPLICANTS: Workers' Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

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.

NOTICE TO WASHINGTON 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.

NOTICE TO WEST VIRGINIA 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 ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

NOTICE TO NEW YORK APPLICANTS: General: All applications for commercial insurance, other than automobile insurance: 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.

All applications for automobile insurance and all claim forms: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

Fire: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

After reasonable inquiry, I warrant that the information and statements contained in this application for insurance are true and correct, and that no material facts have been withheld or misstated. I understand that this application, and all other materials and information submitted to the Company in connection with this application for insurance, are incorporated and made a part hereof. I also understand that the Company will rely upon the application, materials and information submitted in the underwriting process in the formation of any subsequent contract of insurance entered into.

I understand that the completion of this application does not bind coverage. Acceptance of a quotation from the Company is required prior to binding coverage with the Company.

Applicant's Signature: _____ Title: _____

Print Applicant's Name: _____ Date: _____

Agent/Broker Name: _____