/ SUPPLEMENTAL APPLICATION

# Environmental & Pollution Supplemental

Contractors and site pollution, tanks, and remediation.

> Please complete this supplement in full and return it with a signed ACORD application. Submit to submissions@hedgespecialty.com or through the Hedge broker portal. Answer every question — incomplete applications delay quoting.

## GENERAL INFORMATION

NAMED INSURED / APPLICANT

DBA / TRADE NAME

BROKERAGE / BROKER

AGENCY / AGENT

PROPOSED EFFECTIVE DATE

NEW OR RENEWAL?

POLICY / QUOTE NUMBER

FEIN

ENTITY TYPE (LLC, CORP, ETC.)

YEARS IN BUSINESS

YEARS UNDER CURRENT MGMT

# EMPLOYEES (FT / PT)

OPERATIONS / SERVICES

WEBSITE

## MAILING & RISK ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

# OF LOCATIONS

PRIMARY RISK / PREMISE ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

COUNTY

## CONTACTS

PRIMARY CONTACT NAME

TITLE

EMAIL

PHONE

AUDIT / INSPECTION CONTACT

INSPECTION PHONE

INSPECTION EMAIL

## CURRENT / EXPIRING CARRIER INFORMATION

CURRENT / EXPIRING CARRIER

POLICY NUMBER

ANNUAL PREMIUM $

LIMIT(S) OF INSURANCE

DEDUCTIBLE / SIR

RETROACTIVE DATE (IF ANY)

Is the current carrier offering renewal? ☐ YES ☐ NO

Is the expiring / current coverage written on a claims-made basis? ☐ YES ☐ NO

## COVERAGE TYPE REQUESTED

Check every environmental coverage being requested. Complete the matching detail sections below for any coverage checked.

**Coverage(s) requested (check all that apply)**

- ☐ Contractors pollution liability (CPL)
- ☐ Site / premises pollution liability (PLL)
- ☐ Transportation pollution liability
- ☐ Storage-tank system liability
- ☐ Combined CGL + pollution
- ☐ Combined CPL + professional / E&O
- ☐ Environmental consultants / engineers E&O
- ☐ Abatement / remediation contractors
- ☐ Asbestos / lead abatement
- ☐ Mold / microbial liability
- ☐ Dry-cleaner environmental
- ☐ Well control / energy (control of well)
- ☐ Non-owned disposal site (NODS) liability
- ☐ Excess / umbrella over environmental

Is coverage written or requested on a claims-made basis? ☐ YES ☐ NO

Is a retroactive date being requested or maintained? ☐ YES ☐ NO

REQUESTED RETROACTIVE DATE

## OPERATIONS PROFILE

Check all operations the applicant performs. These drive appetite and the detail sections that follow.

**Operations performed (check all that apply)**

- ☐ Lead abatement
- ☐ Asbestos abatement / removal
- ☐ Mold / microbial remediation
- ☐ Fire / smoke restoration
- ☐ Water / flood restoration
- ☐ Soil / groundwater remediation
- ☐ Tank install / removal
- ☐ Fuel / petroleum hauling
- ☐ Pest control / fumigation
- ☐ Waste collection / hauling
- ☐ Recycling / scrap
- ☐ Hazardous waste handling
- ☐ Industrial cleaning / hydro-blast
- ☐ Vacuum-truck / liquid waste
- ☐ Spill response / emergency
- ☐ Drum / container management
- ☐ Demolition
- ☐ Excavation / grading
- ☐ Dredging
- ☐ Environmental consulting / Phase I-II
- ☐ Site assessment / monitoring
- ☐ Dry cleaning / laundry
- ☐ Street sweeping
- ☐ Septic / portable sanitation
- ☐ Oil & gas / well services

% FIELD / JOB-SITE OPERATIONS | % FIXED-PREMISES OPERATIONS | % TRANSPORTATION OPERATIONS | % CONSULTING / PROFESSIONAL

NARRATIVE DESCRIPTION OF OPERATIONS, MATERIALS HANDLED, AND TYPICAL PROJECTS

**Revenue & Subcontract Cost — Five-Year History**

| REVENUE | UPCOMING YR (EST.) $ | LAST 12 MONTHS $ | 1 YEAR PRIOR $ | 2 YEARS PRIOR $ | 3 YEARS PRIOR $ |
|---|---|---|---|---|---|
| Total Revenue | | | | | |
| Environmental / Remediation Revenue | | | | | |
| Subcontracted Cost | | | | | |
| TOTAL | | | | | |

PAYROLL — FIELD / OPERATIONS $

PAYROLL — OWNERS / OFFICERS $

# FIELD EMPLOYEES

# SUBCONTRACTORS USED

LARGEST SINGLE JOB LAST YEAR $

AVERAGE JOB SIZE $

% WORK SUBCONTRACTED OUT

## PERMITS, LICENSES & COMPLIANCE

EPA GENERATOR ID # (IF ANY)

STATE ENVIRONMENTAL LICENSE / PERMIT #(S)

DOT / MC / USDOT # (IF HAULING)

STATE(S) OF OPERATION

LICENSED / PERMITTED IN ALL STATES WORKED? (Y/N)

HAZWOPER-CERTIFIED STAFF COUNT

**1.** Does the applicant hold all federal, state, and local permits/licenses required for its operations? ☐ YES ☐ NO

**2.** Are all operations currently in compliance with all applicable environmental laws and regulations? ☐ YES ☐ NO

**3.** Are there any statutes, standards, or regulations the applicant cannot presently comply with? ☐ YES ☐ NO

IF YES, DESCRIBE

**4.** Within the past 5 years, any citation, notice of violation, fine, or prosecution for an environmental law violation arising from a release/spill of hazardous substances, waste, or pollutants? ☐ YES ☐ NO

**5.** Does the applicant maintain a written environmental management / compliance program? ☐ YES ☐ NO

DESCRIBE

**6.** Is environmental/compliance management handled by an outside firm or designated person? ☐ YES ☐ NO

NAME / FIRM / CONTACT

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

## HAZARDOUS MATERIALS — TRANSPORT, STORAGE & DISPOSAL

**7.** Does the applicant generate, handle, treat, store, or dispose of hazardous materials or waste? ☐ YES ☐ NO

**8.** Does the applicant transport hazardous materials, fuel, or waste over the road? ☐ YES ☐ NO

IF YES, MATERIALS AND AVG. LOAD SIZE

**9.** Are vehicles, drivers, and placarding compliant with DOT/PHMSA hazmat requirements? ☐ YES ☐ NO

**10.** Are hazardous materials or waste stored on premises (drums, totes, tanks, containers)? ☐ YES ☐ NO

IF YES, MAX QUANTITY ON SITE AND HOW STORED

**11.** Is secondary containment provided for all on-site storage of liquids/hazardous materials? ☐ YES ☐ NO

**12.** Does the applicant treat or process waste prior to disposal? ☐ YES ☐ NO

DESCRIBE PROCESS

13. Is a written Spill Prevention, Control & Countermeasure (SPCC) or storage-tank management plan in place? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

## DISPOSAL & NON-OWNED DISPOSAL SITES (TSDF)

List the treatment, storage, and disposal facilities (TSDFs) / disposal sites used in the past five years.

14. Are all waste haulers and disposal facilities (TSDFs) verified as permitted/licensed before use? ☐ YES ☐ NO

15. Are manifests, certificates of disposal, and chain-of-custody records retained? ☐ YES ☐ NO

16. Has the applicant ever sent waste to a site later designated Superfund/CERCLA, listed, or under cleanup? ☐ YES ☐ NO

IF YES, IDENTIFY SITE(S)

17. Has the applicant been named a potentially responsible party (PRP) at any disposal site? ☐ YES ☐ NO

IF YES, DESCRIBE

18. Has the applicant been subject to third-party claims arising from a non-owned disposal facility? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

**Non-Owned Disposal Sites Used**

| DISPOSAL FACILITY / TSDF NAME | LOCATION (CITY/STATE) | WASTE TYPE DISPOSED | PERMIT / EPA ID # | VERIFIED? (Y/N) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## SPILL RESPONSE & TRAINING

| # HAZWOPER 40-HR TRAINED | # HAZWOPER 8-HR REFRESHER CURRENT | # SPILL-RESPONSE / FIRST-RESPONDER TRAINED |
|---|---|---|
| | | |

19. Is a written emergency / spill-response plan maintained and are employees trained and drilled on it? ☐ YES ☐ NO

20. Are HAZWOPER and OSHA training records (incl. annual refreshers) documented and current? ☐ YES ☐ NO

21. Is appropriate PPE provided, and is fit-testing/medical monitoring performed where required? ☐ YES ☐ NO

22. Is a 24-hour spill-response or remote-monitoring vendor/service arranged? ☐ YES ☐ NO

NAME OF FIRM / CONTACT

**23.** Are job-hazard analyses or written work plans prepared before environmental/abatement jobs begin? ☐ YES ☐ NO

## CONTAMINATED-SITE, SUPERFUND & BROWNFIELD WORK

**24.** Does the applicant work on Superfund/CERCLA, RCRA-corrective-action, or state-listed contaminated sites? ☐ YES ☐ NO

IF YES, % OF SUCH WORK

**25.** Does the applicant perform brownfield redevelopment or voluntary-cleanup-program work? ☐ YES ☐ NO

**26.** Does the applicant own, lease, or operate any site with known or suspected contamination? ☐ YES ☐ NO

IF YES, LOCATION AND STATUS

**27.** Is any remediation, monitoring, or corrective action currently ongoing at any applicant-owned location? ☐ YES ☐ NO

**28.** Has the applicant performed Phase I / Phase II environmental site assessments? ☐ YES ☐ NO

FOR OWN ACCOUNT OR FOR FEE?

**29.** Does any operation involve PFAS, PCBs, dioxins, radioactive materials, or other emerging contaminants? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

## STORAGE-TANK SCHEDULE

Complete for every storage tank submitted for coverage. UST = underground, AST = aboveground; SW = single-wall, DW = double-wall.

| # USTS AT ALL LOCATIONS | # ASTS AT ALL LOCATIONS | TANK SYSTEM OWNER (IF NOT APPLICANT) | TANK SYSTEM OPERATOR (IF NOT APPLICANT) |
|---|---|---|---|
| | | | |

**30.** Do all tank systems comply with US EPA construction, overfill/spill protection, and leak-detection rules? ☐ YES ☐ NO

**31.** Is leak detection performed and documented on all tanks and piping? ☐ YES ☐ NO

**32.** Are there any abandoned, out-of-service, empty, or inactive tank systems at any location? ☐ YES ☐ NO

IF YES, IDENTIFY

**33.** Any tanks not registered with the state regulatory agency or not listed on this schedule? ☐ YES ☐ NO

IF YES, EXPLAIN

**34.** Plans to upgrade, repair, remove, or replace any tanks in the next 12 months? ☐ YES ☐ NO

DESCRIBE & TIMELINE

**35.** Is a remote monitoring system with outside vendor alarm notification in place? ☐ YES ☐ NO

**36.** Is the most recent annual storage-tank site inspection report available (attach)? ☐ YES ☐ NO

**Storage Tank Schedule**

| LOCATION / TANK ID | UST / AST | CAPACITY (GAL) | CONTENTS | INSTALL YEAR / AGE | CONSTRUCTION (SW/DW) | SECONDARY CONTAINMENT |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## DRY-CLEANER DETAIL

Complete only if dry-cleaning / laundry operations are performed.

| # DRY-CLEANING MACHINES | YEARS LOCATION OPERATED AS DRY CLEANER | GALLONS OF SOLVENT USED ANNUALLY | MACHINE MAKE / MODEL / SERIAL |
|---|---|---|---|
| | | | |

**Solvent type used**

☐ Perc (perchloroethylene) ☐ Petroleum / hydrocarbon ☐ Green / GreenEarth

☐ Wet cleaning (water-based) ☐ CO2 ☐ Other

**Machine type**

☐ Closed-loop (no atmospheric vent) ☐ Dry-to-dry ☐ Transfer (separate wash/dry)

☐ Third / fourth generation ☐ Other

**37.** Are all floors sealed with an OSHA-approved coating/paint and is solvent stored over containment? ☐ YES ☐ NO

**38.** Is used solvent / hazardous residue (still bottoms, filters) disposed of via a licensed hauler? ☐ YES ☐ NO

**39.** Has there ever been an environmental release at this location? ☐ YES ☐ NO

IF YES, DESCRIBE

**40.** Is there any ongoing remediation or cleanup at this location? ☐ YES ☐ NO

IF YES, STATUS

**41.** Are above-ground storage tanks attached to the dry-cleaning machines? ☐ YES ☐ NO

## WELL CONTROL / ENERGY DETAIL

Complete only if oil & gas / well-control coverage is requested.

| STATES WHERE YOU OPERATE | FORMATIONS / SHALE PLAYS | MAX AGE OF WELL(S) / FIELD |
|---|---|---|
| | | |

**Wells to be covered**

☐ Drilling ☐ Workover ☐ Producing

☐ Shut-in ☐ Plugged & abandoned ☐ Other

**Drilling contract type**

☐ Turnkey ☐ Daywork ☐ Footage

☐ IADC ☐ API ☐ Other

**42.** Is a written well-control emergency-response plan maintained? ☐ YES ☐ NO

**43.** Are secondary or tertiary recovery methods used (water/gas injection, CO2 flooding)? ☐ YES ☐ NO

DESCRIBE

**44.** Do you intend to drill in any new areas or formations this term? ☐ YES ☐ NO

## COVERAGE REQUESTED

EACH-INCIDENT / PER-CLAIM LIMIT

AGGREGATE / TOTAL ALL CLAIMS LIMIT

NON-OWNED DISPOSAL-SITE (NODS) SUBLIMIT

TRANSPORTATION / HAULING SUBLIMIT

DEDUCTIBLE / SIR

RETROACTIVE DATE

DEFENSE WITHIN / OUTSIDE LIMITS

REQUESTED EFFECTIVE DATE

## LOSS HISTORY

List all claims and losses for the past 5 years, regardless of fault or payment. Attach currently-valued (within 90 days) loss runs for all lines.

**45.** Has the applicant had any claims, losses, or incidents in the past 5 years? ☐ YES ☐ NO

**46.** Are there any known incidents, facts, or circumstances that may result in a claim? ☐ YES ☐ NO

**47.** Has any coverage been declined, cancelled, or non-renewed in the past 5 years? ☐ YES ☐ NO

**Loss Detail**

| DATE OF LOSS | LINE / COVERAGE | CLAIMANT | DESCRIPTION | PAID $ | RESERVED $ | STATUS (O/C) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## POLLUTION & REGULATORY CLAIM HISTORY

**48.** Has the applicant ever had any pollution claim for bodily injury, property damage, or cleanup cost (by private parties, public entities, or governmental agencies)? ☐ YES ☐ NO

**49.** Within the past 5 years, any administrative or regulatory action, consent order, or enforcement proceeding? ☐ YES ☐ NO

**50.** Any pollution or environmental coverage declined, cancelled, or non-renewed in the past 5 years? ☐ YES ☐ NO

**51.** Is the applicant aware of any condition, release, or circumstance that may reasonably result in a claim? ☐ YES ☐ NO

**52.** Are there any waste materials known to have been disposed of or buried on or at any applicant location? ☐ YES ☐ NO

IF “YES” TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

## APPLICANT STATEMENT & SIGNATURE

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 (in some states a fine and/or imprisonment). The applicant represents that the statements and answers given are true, complete, and accurate to the best of their knowledge and will be relied upon by the insurer. Completion of this application does not bind coverage.

SIGN

DATE

SIGNATURE OF APPLICANT

PRINTED NAME

TITLE

PRODUCER / AGENCY

HEDGE SUBMISSION #