

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

APPLICATION FOR ENVIRONMENTAL POLLUTION LEGAL LIABILITY**1. APPLICANT INFORMATION**

APPLICANT'S MAILING ADDRESS	PHYSICAL ADDRESS IF DIFFERENT THAN MAILING ADDRESS
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Telephone #	Telephone #
Fax #	Fax # E-mail

2. Company Contact and Title

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LIST SUBSIDIARY COMPANIES REQUESTING COVERAGE:

Name Insured is:

 Corporation Partnership Joint Venture Other

Has been in business for _____ years.

Coverage Options

Policy Terms	
Each Claim Limit of Liability	
Each Claim Deductible	
Proposed Policy Effective Date	
Proposed Retroactive Date	

Provide the following information for each location for which coverage is being applied for. Copies may be made for additional locations.

3. Locations to be Covered

Name	Address	
		Owned <input type="checkbox"/> or Leased <input type="checkbox"/>
		Owned <input type="checkbox"/> or Leased <input type="checkbox"/>
		Owned <input type="checkbox"/> or Leased <input type="checkbox"/>
		Owned <input type="checkbox"/> or Leased <input type="checkbox"/>
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		Owned <input type="checkbox"/> or Leased <input type="checkbox"/>
		Owned <input type="checkbox"/> or Leased <input type="checkbox"/>

4. Description of Operations

EPA IDENTIFICATION NUMBER	
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AGE OF FACILITY	
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OCCUPIED BY THE PROPOSED INSURED SINCE	
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Description of Surrounding Environment and Land Uses (Include population, residences, geographic featured, industries, waterways, etc.)

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Describe all on site treatment/disposal activities, i.e. landfills, surface impoundments, deep well injection, recycling/recovery systems, etc. (If none, so state)

Describe all on site storage areas (i.e. drum, tanks, container, etc.) Include number of capacity, description of secondary containment. Identify above ground and underground tanks separately.

List all permits for this location, including EPA Part B, POTW, NPDES, Air, Stormwater, etc.)

Number of groundwater monitoring wells serving this location. Include most recent 4 quarters sampling reports and a map of the location that identifies the location of the wells and the direction of flow of the groundwater.

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Indicate which of the following plans are in effect and the most recent update or review.			
SPCC	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UPDATED:
Emergency Response	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UPDATED:
Fire Protection	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UPDATED:

Describe all on-going remediation plans at this site. If none, so state:

Describe all regulatory issues that have occurred relative to this location including but not limited to NOV's, public complaints or lawsuits, consent orders, corrective actions, etc.

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5. During the past 5 years, have you had any Reportable releases or Spills of Hazardous Substances, Hazardous waste or any other pollutants, as defined by applicable environmental laws and regulations? Yes No

If yes, please provide details below:

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6. During the past 5 years, have you been cited or prosecuted for any violations of any law or regulation relating to release of any Hazardous Substances, Hazardous waste or any other pollutant? Yes No

If yes, please provide details below:

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7. List all claims made against you during the past five years for cleanup or response action, "Toxic Tort" or other bodily injury, or property damage, resulting from the release of hazardous substances. Hazardous waste, or other pollutants, from this location or other locations owned or operated by you, into the environment. Provide a brief description of the claim(s) and its disposition. If none, so state.

8. At the time of the signing of this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental cleanup or response, or for bodily injury or property damage arising from the release of pollutants into the environment? Yes No

If yes, describe in detail:

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9. Describe any environmental claims (cleanup, bodily injury and/or property damage) which the company has been involved in during the past 5 years.

10. At the time of this application, do you know of any facts or circumstances which may reasonably be expected to give rise to a claim against the company for environmental cleanup, or for bodily injury and property damage resulting from a pollution event?

Yes No

If yes, describe in detail:

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11. Attach audited financials and/or SEC 10-K for past three years.

12. Provide copies of all environmental audits, reports or site assessment documents completed within the past 5 years at any of the locations to be covered.

13. Provide a schedule of current environmental liability insurance coverage, including Carrier, limits of liability and policy expiration.

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: 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.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Name:

Signature

Title:

Date: