



Atlantic Specialty Lines, Inc.

Environmental Application

PRIOR CARRIER INFORMATION - Please attach a copy of Applicant's current policies			
Effective Date:	/ /	/ /	/ /
Carrier:			
Policy # & Coverage:			
Policy Type:	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence
Retro Date:	/ /	/ /	/ /
Limit of Liability:			
Deductible:			
Total Premium:			
Effective Date:	/ /	/ /	/ /
Carrier:			
Policy # & Coverage:			
Policy Type:	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence
Retro Date:	/ /	/ /	/ /
Limit of Liability:			
Deductible:			
Total Premium:			
Effective Date:	/ /	/ /	/ /
Carrier:			
Policy # & Coverage:			
Policy Type:	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence
Retro Date:	/ /	/ /	/ /
Limit of Liability:			
Deductible:			
Total Premium:			

LOSS HISTORY - Provide information on all claims, events or occurrences that may give rise to or result in a claim
CHECK HERE IF NONE

DATE OF LOSS	COVERAGE	DESCRIPTION OF THE LOSS INCLUDING AMOUNT PAID & DATE OF LOSS	STATUS OF CLAIM/AMOUNT RESERVED OR PAID



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ADDITIONAL NAMED INSUREDS - Attach additional page if necessary			
Name	Address	Name	Address
City, State, Zip	Telephone #	City, State, Zip	Telephone #
	Fax #		Fax #
INTEREST:		INTEREST:	
CONTACT NAME:		CONTACT NAME:	
Name	Address	Name	Address
City, State, Zip	Telephone #	City, State, Zip	Telephone #
	Fax #		Fax #
INTEREST:		INTEREST:	
CONTACT NAME:		CONTACT NAME:	
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	Fax #		Fax #
INTEREST:		INTEREST:	
CONTACT NAME:		CONTACT NAME:	
SUPPLEMENTAL INFORMATION - Required from all Applicants (Attach each item listed to Application)			
<input type="checkbox"/> Resumes of Applicant's key personnel		<input type="checkbox"/> Website address	
<input type="checkbox"/> Available literature/brochures on all operations		<input type="checkbox"/> Total projected gross revenue (next 12 months):	
<input type="checkbox"/> Copy of the expiring policy for retroactive date consideration		Revenue: \$	Payroll: \$
APPLICANT'S SIGNATURE			
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information may be guilty of a felony or misdemeanor and subject to appropriate prosecution.			
Applicant's Signature:		Title	Date: / /
Comments:			
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* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states.



Atlantic Specialty Lines, Inc.

Site Pollution Liability Supplemental Application

COMPLETE FOR EACH FACILITY TO BE COVERED					
Name Address City, State, Zip		Description of Site Operations		Age of Facility	
Description of Past Occupancies and Land Use Description of Future use of the Facility		Description of Surrounding Environmental and Land Use (N, S, E, & W) Description of industry located within a 3 mile radius of this facility:			
<p><i>Provide an explanation for any "YES" answers</i></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Is this a RCRA or Superfund Site or have the potential to become one?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Have any waste materials been disposed of, spilled, or buried at this facility?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Have there been any leaks, spills, or discharges at this facility?</p>					
Permits and Ground Water Monitoring <input type="checkbox"/> POTW <input type="checkbox"/> NPDES <input type="checkbox"/> AIR <input type="checkbox"/> STORMWATER					
DOES	On-site ground monitoring wells? <input type="checkbox"/> YES <input type="checkbox"/> NO				
LOCATION	If YES, how many?	What contaminant is being monitored?	Frequency of monitoring?		
HAVE:	If YES, provide monitoring results from past 4 samples & a map showing the location of the wells & groundwater flow direction.				
Description of nearby surface water bodies (e.g., streams, lakes, wetlands):					
Description of any protected environments in the area (parks, wildlife reserves, etc.):					
Description of all raw/hazardous materials used or stored on-site					
QUANTITY OF MATERIAL			METHOD OF STORAGE		
DESCRIPTION	PER YEAR	ANY ONE TIME	TYPE (E.G., DRUM, ETC)	SECONDARY CONTAINMENT	
1					
2					
3					
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Site Pollution Liability Supplemental Application

Description of all above/underground storage tanks on-site:

Tank #	AST or UST	Construction of Tank	Construction of Piping	Capacity	Year installed Tank/Piping	Contents	Spill Containment	Secondary Containment
<i>Example:</i>	<i>AST</i>	<i>Fiberglass</i>	<i>Fiberglass</i>	<i>5,000 gal</i>	<i>1995/1995</i>	<i>Diesel</i>	<i>Yes</i>	<i>110% Volume - Poured Concrete</i>

Explain any tank inventory control and/or testing methods used (attach latest tank test results):

Are the tanks registered with the state? YES NO

Are the tanks and dispenser areas clean and free of spillage? YES NO

AUTHORIZATION FOR A PHONE SURVEY

Applicant's Name: _____

Date: / /

Applicant's Signature: _____

Telephone # : _____

Person to Contact: _____

Date & Time to Call: _____

The undersigned hereby authorizes Colony Management Services, Inc. and/or a consultant under contract with Colony Management Services to contact the insured directly for the purpose of conducting a telephone survey.

(Please provide several dates/times that are convenient for Applicant.)

List Additional Locations:

Site Pollution Liability Supplemental Application

TRANSIT INFORMATION (COMPLETE ONLY IF REQUESTING THIS COVERAGE) NOT APPLICABLE

What is the radius of transit (in miles) of materials from your facility?

Driver training and MVR review policy in place?

How many vehicles are used?

What type of vehicles are being used to transport materials from your site?

What mobile equipment is used/owned?

Do you have EPA or State status as required to transport and/or store waste materials generated from your work? (Attach an explanation.)

Do you have a safety protocol and/or spill plan in place in case of an accident or spill with a vehicle transporting material from your site? Please attach copies or describe.

What experience do you require of drivers transporting materials off site? (e.g., commercial driver's licenses, special training for the handling of the materials, safety training in case of a spill or accident?)

Have you had any pollution-related losses or claims from the transit of materials from your facility in the past five years? (If "YES", please provide details.)

What materials are being transported and how much of each material is being transported?

MATERIALS TRANSPORTED	AMOUNT TRANSPORTED AT ANY ONE TIME
1.	1.
2.	2.
3.	3.
4.	4.

Comments:

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 * not applicable in all states