

Environmental Impairment Liability (EIL) Application
Section 1 – Applicant Information

Please answer all questions. Use additional pages if necessary.

Use of "Applicant" throughout this application includes the entity listed below as Applicant/Proposed Named Insured together with any officer, director, partner, manager or member; or any employee responsible for environmental affairs.

1.	Applicant/Proposed Named Insured		
Company Name:			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other:			
Mailing Address:			
City, State, ZIP:			
Phone No:		Web site:	

2.	Site Pollution Coverage		Expiration	Retroactive
a) Prior Carrier:		<input type="checkbox"/> None	Date:	Date:
Premium: \$		Expiring Policy Term:		year(s)
b) Requested Coverages <input type="checkbox"/> Onsite Cleanup <input type="checkbox"/> Offsite Cleanup <input type="checkbox"/> 3rd Party Pollution Liability				
<input type="checkbox"/> Transport. Pollution – Insured’s Autos <input type="checkbox"/> Transport. Pollution– 3 rd Party <input type="checkbox"/> Non-Owned Locations				
Other Coverages:				
Policy Limits: \$		Each Pollution Condition / \$		Aggregate
Self-Insured Retention: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Other:				
Policy Term Requested: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> Other:				
c) Has any prior policy or coverage to which you are now applying been declined, cancelled or non-renewed in the prior three years? If yes, please explain:				<input type="checkbox"/> No <input type="checkbox"/> Yes

3.	Applicant’s Operations / Reason Coverage is Needed		
a) Describe the Applicant’s principal business operation:			
b) Why is site pollution coverage needed?			

4.	Company History and Related Entities		
a) Year company was established:			
b) Have there been any consolidations, dissolutions, acquisitions and/or mergers? If yes, describe. <input type="checkbox"/> No <input type="checkbox"/> Yes			
c) Does the firm have (check all that apply): <input type="checkbox"/> Subsidiaries <input type="checkbox"/> A parent company <input type="checkbox"/> Other related entities			

5.	Revenue and Employees		
	Projected/Upcoming Year	Expiring Year	1-Year Prior
Annual Gross Receipts:			
Number of Employees:			

6.	Locations to be Covered		For each location to be covered, please complete the Section 2-Facility-Specific Information of this application (Questions A through M).
Total number of locations to be covered: _____			

7.	Named Insureds	
Please list persons or entities to be scheduled as Named Insureds :		
	Name	Relationship to First Named Insured/Applicant

8.	Additional Insureds	
Please list persons or entities to be scheduled as Additional Insureds :		
	Name	Relationship to First Named Insured/Applicant

FRAUD WARNINGS

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO CALIFORNIA APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for 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 insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.”

NOTICE TO HAWAII APPLICANTS: “For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.”

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 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 NEW YORK APPLICANTS: “Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.”

NOTICE TO OHIO APPLICANTS: “Any person who, with intent to defraud or knowing that he/she 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: “Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.”

NOTICE TO TENNESSEE 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 TEXAS APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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.

Should the signatory become aware of any change or omission relative to the information provided herein subsequent to the completion of this application and precedent to the effecting of insurance, the undersigned promissorily warrants that he will submit to Freberg Environmental, Inc. supplementary advice specifying such change or omission. Notwithstanding the immediate foregoing, however, the signatory further promissorily warrants that he will inform Freberg Environmental, Inc. of any change or omission with respect to the answers given in this application at any time subsequent to the completion thereof, provided insurance has been effected. It is agreed that the duty imposed upon the signatory by virtue of the foregoing promissory warranties, shall be nondelegable. It is further agreed that this application shall be the basis of any insurance as may be subsequently effected by Freberg Environmental, Inc. and that Freberg Environmental, Inc. will rely upon the veracity of all responses thereto in causing such insurance to be effected. It is further understood and agreed that all representations and warranties made to Freberg Environmental, Inc. also are made to the issuing carrier.

It is finally agreed that the completion of this application neither obligates the Applicant to purchase insurance nor binds Freberg Environmental, Inc. or the issuing carrier to effect insurance.

Signed Title Date

TO BE COMPLETED BY INSURANCE AGENT

Agent's Name:		
Address:		
Phone:	Fax:	
Do you hold a surplus lines license in the state where the risk is located? <input type="checkbox"/> No <input type="checkbox"/> Yes License No:		

Environmental Impairment Liability (EIL) Application
Section 2 - Facility-Specific Information

Answer all questions. Use additional pages if necessary.

Please assign a Location Number and complete this Section (Questions A through M) for Each Location to be covered.

Use of "Applicant" throughout this application includes the entity listed as Applicant/Proposed Named Insured in Question 1 together with any officer, director, partner, manager or member; or any employee responsible for environmental affairs.

A. Facility/Proposed Insured Location			Location No.:
Facility Name or ID:			Applicant is (check one): <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other:
Street Address:			
City, State, ZIP:			
Site acreage:		Sq. footage under roof:	
Year of construction:		First year of your ownership/occupancy:	

B. Current Use/Operations		
1. Describe current use/operation of this location:	Year Operations Began	
2. Are there plans for development/redevelopment, improvement, or demolition; or anticipated changes in the use of this location during the policy period? If yes, please provide details:		<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Are there any plans to sell, terminate your lease, or sublease this location to others? If yes, please provide details:		<input type="checkbox"/> No <input type="checkbox"/> Yes

C. Past Use/Operations		
Describe past site use or operations:	Time Period (years)	

D. Vicinity			
1. Please identify the adjacent land use.			
North	South	East	West
2. Indicate if the following are present onsite: <input type="checkbox"/> public water service; <input type="checkbox"/> public sewer service; <input type="checkbox"/> drinking water well <input type="checkbox"/> septic systems <input type="checkbox"/> lake/pond <input type="checkbox"/> stormwater retention <input type="checkbox"/> dry well <input type="checkbox"/> oil/water separator			
3. Are there protected environments or sensitive receptors (parks, public drinking water, bodies of water, wetlands, schools, etc.) nearby? If yes, please describe:			<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Is the site located within a 100-yr flood plain?			<input type="checkbox"/> No <input type="checkbox"/> Yes

Facility Name/Address:	Location No.:
City: State Zip	

E. Environmental Permits	<input type="checkbox"/> no environmental permits
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Identify any environmental permits held by this location/facility:

<input type="checkbox"/> RCRA Part B Permit or State Equivalent	<input type="checkbox"/> RCRA Large Qty. Generator EPA ID:
<input type="checkbox"/> NPDES or State Equivalent	<input type="checkbox"/> RCRA Small Qty. Generator EPA ID:
<input type="checkbox"/> Air Permit (any type, federal, state or local)	<input type="checkbox"/> RCRA Conditionally Exempt Small Qty. Generator
<input type="checkbox"/> UST or AST Registrations	<input type="checkbox"/> RCRA Treatment Storage and Disposal Facility (TSDF)
<input type="checkbox"/> CAA 112(r)	<input type="checkbox"/> Asbestos-Related Permits
<input type="checkbox"/> SARA Title III	<input type="checkbox"/> Onsite Disposal Permits
<input type="checkbox"/> EPCRA Section 302 TPQ	<input type="checkbox"/> Pesticide/Herbicide Applicators' Permit/License
<input type="checkbox"/> PCB Annual Reports	<input type="checkbox"/> Other:

F. Underground Storage Tanks (USTs) and Aboveground Storage Tanks (ASTs)	<input type="checkbox"/> no storage tanks present
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	Tank No./Tank ID (yours)	UST or AST	Year Installed	Capacity (Gallons)	Contents	Tank Construction		Piping
						DW*/SW	Material† (see below)	DW*/SW
1.								
2.								
3.								
4.								
5.								
6.								

Notes:

* **Double-walled ("DW") tanks/piping** must have interstitial space between walls. Single-walled ("SW") tanks do not.

† **UST tank materials include:** FRP = fiberglass or fiberglass reinforced plastic; CPS = cathodically-protected steel (includes impressed current); FCS = fiberglass clad steel; STI-P3; or "Other" (please identify).

AST tank materials include: Steel; Poly; FRP (fiberglass); Concrete/Steel; or "Other" (please identify)

1. Is any storage tank system presently inactive, closed, or temporarily out-of-service?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. In the next three (3) years, are there plans to investigate, remove, replace, upgrade, close or take out of service any storage tank system or is the tank system subject to a mandatory closure, removal or replacement deadline within the next three years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If the answer to 1 or 2 are yes, please provide details:	
3. For USTs: Is an automatic leak detection system in use for all USTs?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> n/a
4. For ASTs: a.) Are all ASTs inside impermeable secondary containment structure(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> n/a
b.) Is there any underground piping?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> n/a

Facility Name/Address:			Location No.:
City:	State	Zip	

G. Pollution History
1. Is the Applicant aware of any past or present contamination on, at, under or migrating from this location/facility; or any circumstances which may reasonably be expected to give rise to a claim or result in a request for coverage under this policy if it were to be issued? <input type="checkbox"/> No <input type="checkbox"/> Yes
2. Has any remediation or monitoring of soil or groundwater taken place at the property or are any such future activities planned? <input type="checkbox"/> No <input type="checkbox"/> Yes
3. Is the Applicant aware of any Natural Resource Damage associated with this location/facility or any threat to a sensitive habitat or species? <input type="checkbox"/> No <input type="checkbox"/> Yes
4. Has the Applicant or has this location/facility ever been sued, requested to pay damages or to perform any cleanup activities with respect to any actual or alleged pollution incident on the facility grounds or to an offsite party, or is any such suit, request or cleanup anticipated? <input type="checkbox"/> No <input type="checkbox"/> Yes
5. Are there any groundwater monitoring wells at this location/facility? <input type="checkbox"/> No <input type="checkbox"/> Yes
6. Have any environmental audits or site assessments been conducted or are any such audits or assessments planned? If yes, please supply copies of reports. <input type="checkbox"/> No <input type="checkbox"/> Yes
7. Have per- and /or polyfluoroalkyl substance (PFAS) ever been manufactured, utilized, stored, generated or disposed of at any proposed insured location(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes
If the answer to any of the above questions is "Yes", please provide details including copies of environmental reports, notices of violations, compliance orders, closure letters, etc. Use additional pages if necessary.

H. Environmental Compliance	
1. Is the Applicant or is this location/facility you currently out of compliance with any environmental regulations? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2. Has the Applicant or has this location/facility in the last five years received any violations regarding any standard or law relating to the release of a substance into sewers, surface water, groundwater, air or onto land? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If the answer to any of the above questions is "Yes", please provide details. Please provide copies of notices of violations, or compliance orders. Use additional pages if necessary.	
3. Does the Applicant conduct regular environmental compliance audits? <input type="checkbox"/> No <input type="checkbox"/> Yes	
4. Name and phone number of individual responsible for environmental management and/or compliance:	
5. Does the Applicant have (check all that apply):	
<input type="checkbox"/> Spill Prevention, Control, and Countermeasure (SPCC) Plan	<input type="checkbox"/> Fire Protection Plan
<input type="checkbox"/> Emergency Response Plan	<input type="checkbox"/> Other:

Facility Name/Address:			Location No.:
City:	State	Zip	

I. Raw/Process Materials	<input type="checkbox"/> n/a		
Identify the raw or process materials used at this location/facility:			
Substance Name	Amount Used Per Year	Max. Amount Stored at Any Time	Storage Method (select one)
			<input type="checkbox"/> UST/AST <input type="checkbox"/> Drum <input type="checkbox"/> Other:
			<input type="checkbox"/> UST/AST <input type="checkbox"/> Drum <input type="checkbox"/> Other:
			<input type="checkbox"/> UST/AST <input type="checkbox"/> Drum <input type="checkbox"/> Other:
			<input type="checkbox"/> UST/AST <input type="checkbox"/> Drum <input type="checkbox"/> Other:

J. Hazardous/Special Waste Generation	<input type="checkbox"/> No Hazardous/Special Waste			
Identify any hazardous or special wastes generated, handles, stored or disposed:				
Waste Type or RCRA No.	Amount Generated Per Year	Max. Amount Stored at Any Time	Storage Method (select one)	Disposal/Treatment Method
			<input type="checkbox"/> UST/AST <input type="checkbox"/> Drum <input type="checkbox"/> Other:	
			<input type="checkbox"/> UST/AST <input type="checkbox"/> Drum <input type="checkbox"/> Other:	
			<input type="checkbox"/> UST/AST <input type="checkbox"/> Drum <input type="checkbox"/> Other:	
			<input type="checkbox"/> UST/AST <input type="checkbox"/> Drum <input type="checkbox"/> Other:	

K. Wastewater/Stormwater Discharge	<input type="checkbox"/> No discharge (other than sanitary sewer)			
Identify any discharge points for wastewater effluent or stormwater:				
Type of Discharge	Outfall	Receiving Body	Treatment/Pretreatment Process	Permitted?
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes

L. Air Emissions	<input type="checkbox"/> No air emissions			
Identify any air emissions (gasses, vapors, dust, etc.):				
Source	Pollutant	Quantity per Year	Treatment Technology	Permitted?
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes

Facility Name/Address:			Location No.:
City:	State	Zip	

M. Onsite Disposal	<input type="checkbox"/> no onsite disposal of wastes			
	Provide details of any of the following current or past methods of onsite disposal used on or at this location/facility:			
	<input type="checkbox"/> Active Landfill	<input type="checkbox"/> Closed Landfill	<input type="checkbox"/> Land Application Site	<input type="checkbox"/> Disposal/Injection Well
	Acreage Active Cells: Closed Cells: Vacant/Buffer: Total Site:	Acreage Closed Cells: Vacant/Buffer: Total Site:	Acreage Active Area: Vacant/Buffer: Total Site:	Number of wells: Depth:
	Check all that apply: <input type="checkbox"/> Permitted <input type="checkbox"/> Lined <input type="checkbox"/> Leachate collection <input type="checkbox"/> Landfill gas collection <input type="checkbox"/> Groundwater Monitoring Number of Wells:	Check all that apply: <input type="checkbox"/> Permitted <input type="checkbox"/> Lined <input type="checkbox"/> Leachate collection <input type="checkbox"/> Landfill gas collection <input type="checkbox"/> Groundwater Monitoring Number of Wells:	Check all that apply: <input type="checkbox"/> Permitted <input type="checkbox"/> Groundwater Monitoring Number of Wells:	Check all that apply: <input type="checkbox"/> Permitted <input type="checkbox"/> Includes collection pipeline Length: Material: <input type="checkbox"/> Underground <input type="checkbox"/> Aboveground
	Year Disposal Began:	Year Disposal Began:	Year Disposal Began:	Year drilling completed: Year disposal began:
	Wastes Accepted:	Wastes Accepted:	Wastes Accepted:	Wastes Accepted:
	Is burning of wastes or other materials allowed at this location/facility? <input type="checkbox"/> No <input type="checkbox"/> Yes			
	If any other onsite disposal methods are used at this location/facility, please describe:			

Checklist:

- For multiple locations, answers to this Section 2 questions (A through M) must be provided for each. A location schedule is also acceptable providing such detail.
- If coverage is to include General Liability and/or Excess, please include the applicable ACORD applications.
- Please forward copies of environmental reports, notices of violations, compliance orders, closure letters or other documents pertinent to Questions G and H of this application.
- If there was prior pollution coverage of these sites/locations, include 5-years currently valued loss runs.
- If Transportation Pollution or Non-Owned Locations coverage is needed please complete the attached "Supplemental Application – TPL/Non-Owned Locations".
- If Mold/Legionella coverage is needed please complete the attached "Supplemental Application – Mold/IAQ"

**Environmental Impairment Liability (EIL) Application
Supplemental Application – TPL/Non-Owned Locations**

Supplemental Application – Transportation Pollution / Non-Owned Locations

Please complete this supplement only if **Transportation Pollution Liability** or **Non-Owned Locations** coverage is needed.

N.	Transportation Pollution Liability	If this coverage not needed, check here <input type="checkbox"/> .	
1. Approximate percentage of cargo transported by: you (first Party) _____% or contractor _____%			
2. Approximate percentage of waste transported by: you (first Party) _____% or contractor _____%			
3. Approximate percentage of waste or cargo transported by: boat/barge _____%, rail _____%, aircraft _____%			
4. Have you had any pollution incidents or claims from transported cargo or waste in the last five years? If yes, please provide details: <input type="checkbox"/> No <input type="checkbox"/> Yes			
5. With respect to transportation of hazardous materials by contractors, do you verify that the transporter's insurance includes both a pollution endorsement and MCS-90 endorsement? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Vehicle Schedule			
Vehicle Type	Number of Units	Cargo or waste hauled	Approximate Radius
Passenger Cars			
Pickups/Vans			
Light Trucks			
Medium Trucks			
Heavy Trucks			
Extra Heavy Trucks/Tractors			
Trailers			
1. If the vehicles listed above include trucks or trailers hauling bulk liquids. If yes how many? Trucks/Tractors <input style="width:50px;" type="text"/> Trailers <input style="width:50px;" type="text"/>			

O.	Non-Owned Locations	If this coverage not needed, check here <input type="checkbox"/> .	
1. Has the Applicant ever been in a legal action of suit or been named as a Potential Responsible Party (PRP) with respect to the disposal of wastes at any site? If yes, please describe: <input type="checkbox"/> No <input type="checkbox"/> Yes			
2. Does the Applicant perform audits of disposal facilities where its wastes are disposed? <input type="checkbox"/> No <input type="checkbox"/> Yes			
3. If coverage is needed for Non-Owned Locations <u>NOT</u> used for disposal, please describe:			

**Environmental Impairment Liability (EIL) Application
Supplemental Application – Mold/IAQ**

Supplemental Application – Mold/Indoor Air Quality

Please complete this supplement only if **Mold/Indoor Air Quality** coverage is needed.

P.	Mold/Legionella	If this coverage not needed, check here <input type="checkbox"/>
<p>1. Has any proposed insured location had an indoor air quality and/or mold problem that cost more than \$20,000 to resolve? If yes, please provide details <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>2. Has a complaint ever been made by a third party relating to indoor air quality and/or mold problems at any proposed insured location? If yes, please provide details: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>3. Have indoor air quality and/or mold inspections been performed at any proposed insured location? If yes, please provide details and attach copies of applicable reports: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>4. Are there any visible signs of mold growth at any proposed insured location? If yes, please provide details including an estimate of the square footage impacted: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>5. Does the Applicant have a formal process to document at track indoor air quality and/or mold complaints? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>6. Does the Applicant have onsite employees dedicated to management of the proposed Insured Locations? If yes, have these employees undergone specific indoor air quality and mold training? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>7. Does the Applicant contract with a Property Management company to manage the proposed Insured Locations? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>8. Does any proposed insured location have a cooling tower for climate control or industrial cooling? If yes, who handles routine disinfection/cleaning and the use of biocides? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Employees; <input type="checkbox"/> Third party contractor <input type="checkbox"/> Other:</p> <p>If such operations are handled by employees, please identify special training or qualifications with respect to prevention of legionella growth:</p>		
<p>9. Does any proposed insured location have: <input type="checkbox"/> a hot tub/spa <input type="checkbox"/> a decorative fountain If yes, who handles disinfection and the use of biocides? <input type="checkbox"/> Employees; <input type="checkbox"/> Third party contractor</p>		
<p>Additional space for details, if needed:</p>		