



**SITE SPECIFIC POLLUTION LIABILITY APPLICATION
FIXED BASE OPERATORS**

This application is for a Claims Made and Reported Site Specific Pollution Liability Policy

| INSTRUCTIONS: | |
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| <ul style="list-style-type: none"> Please print or type clearly. | <ul style="list-style-type: none"> Answer all questions completely. If any question(s) does not apply, print or type "N/A" in the space provided. |
| <ul style="list-style-type: none"> This application must be signed and dated by an authorized Owner, Principal, Partner, Director or Risk Manager of the Named Insured. | <ul style="list-style-type: none"> If additional space is needed to answer any question, attach details on a separate sheet and reference the applicable question number. |
| PLEASE ATTACH TO THIS APPLICATION: | |
| <ul style="list-style-type: none"> List of proposed covered locations | <ul style="list-style-type: none"> Operations and Maintenance Plan(s). |
| <ul style="list-style-type: none"> Three years of currently valued general liability, property and pollution loss runs. | <ul style="list-style-type: none"> Audited financials and/or 10-Ks for the past two (2) fiscal years. |
| <ul style="list-style-type: none"> Any Environmental Site Assessment(s), surveys, or audits performed at any of the proposed locations. | <ul style="list-style-type: none"> If coverage for underground storage tanks is being requesting – please also complete Table 10 below. |
| <ul style="list-style-type: none"> List of Subsidiaries or other related entities also requesting coverage. | |

| 1. APPLICANT INFORMATION: | | |
|--|----------|-----------|
| Applicant Name: | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Name of Contact: | Title: | |
| Telephone: | E-Mail: | |
| Fax: | Website: | |
| FEIN: | | |
| Firm Type: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC / LLP <input type="checkbox"/> Other: | | |

| 2. PROPOSED COVERAGE INFORMATION: <input type="checkbox"/> New Business <input type="checkbox"/> Renewal | |
|--|--|
| Policy Term: | Retention Amount: |
| Per Pollution Condition Limit: | Total All Pollution Conditions and Claims Limit: |
| Policy Effective Date: | Policy Expiration Date: |

| 3. PAST AND CURRENT IN-FORCE POLLUTION COVERAGE: | | | | | Self-Insured Retention | Premium |
|--|------|------------------|----------------------|--|------------------------|---------|
| Please provide a copy of the policy and/or endorsements. | | | | | | |
| Carrier | Term | Retroactive Date | Limits or Sub-Limits | Check this box if this section does not apply. | | |
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| 4. PROPOSED COVERED LOCATION INFORMATION: | | (If applying for coverage at more than one location – complete Sections 4 – 13 for each location) |
| Name of Airport where operations performed | Address of Airport / City / State / Zip Code | Size of largest aircraft permitted at this airport |
| | | |
| Runway Identification Number(s) | Length (feet) | Width (feet) |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

| | | | | | | | |
|---|--------------------------|------------------------|--------------------|--------------------------|--------------------------|------------------------|---------------------|
| 5. OPERATIONS PERFORMED AT THIS LOCATION: | | | | | | | |
| Please answer the following regarding your operations performed at this location. | | | | | | | |
| Yes | No | Do you perform: | | Yes | No | Do you perform: | |
| <input type="checkbox"/> | <input type="checkbox"/> | a. | Aircraft de-icing? | <input type="checkbox"/> | <input type="checkbox"/> | c. | Aircraft painting? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. | Aircraft repairs? | <input type="checkbox"/> | <input type="checkbox"/> | d. | Aircraft refueling? |

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| 6. AIRCRAFT DE-ICING INFORMATION | | | <input type="checkbox"/> Check this box if this section does not apply. |
| Yes | No | Please answer the following: | |
| <input type="checkbox"/> | <input type="checkbox"/> | a. | Are de-icing operations performed in a self-contained area? If yes, please provide details: |
| | | b. | Please describe the specific de-icing chemicals used: (Check all that apply) <input type="checkbox"/> Ethylene Glycol <input type="checkbox"/> Diethylene Glycol <input type="checkbox"/> Propylene Glycol <input type="checkbox"/> Other (specify): |

| | | | |
|---|--------------------------|-------------------------------------|---|
| 7. AIRCRAFT PAINTING INFORMATION | | | <input type="checkbox"/> Check this box if this section does not apply. |
| Yes | No | Please answer the following: | |
| <input type="checkbox"/> | <input type="checkbox"/> | a. | Is all painting and/or stripping performed in a self-contained area? If yes, please provide details: |
| | | b. | Please describe the specific chemicals and/or processes used for stripping paint: |

| | | |
|---------------------------------------|--|---|
| 8. AIRCRAFT REPAIR INFORMATION | | <input type="checkbox"/> Check this box if this section does not apply. |
| a. | Please provide details on hazardous materials stored on-site and how they are stored: | |
| b. | Please provide details on used liquids and hazardous materials generated on-site, how they are stored, and how they are disposed of: | |

| | | | |
|---|-------------------|---------------------------|---|
| 9. AIRCRAFT REFUELING - VEHICLES | | | <input type="checkbox"/> Check this box if this section does not apply. |
| Vehicle Make & Model | Vehicle ID | Capacity (gallons) | Licensed? (Yes or No) |
| 1. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | |
|--|---|---|--|---|
| 10. STORAGE TANK SYSTEM INFORMATION | | | <input type="checkbox"/> Check this box if this section does not apply. | |
| Please complete the following for the proposed covered location (Attach additional pages if necessary) | | | | |
| Number of USTs at this location: | | | Number of ASTs at this location: | |
| Yes | No | Storage Tank System(s) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | a. | Are there any underground fuel hydrant systems on the airport property? If yes, please provide details: | |
| <input type="checkbox"/> | <input type="checkbox"/> | b. | If yes to a. above, are you responsible for any of the underground fuel hydrant systems? If yes, please, provide details: | |
| <input type="checkbox"/> | <input type="checkbox"/> | c. | At the time of signing this application, do all storage tank systems comply, at a minimum, with the United States Environmental Protection Agency's (US EPA) requirements regarding construction, overfill/spill protection and leak detection for tanks, piping and dispensing systems? If no, provide details: | |
| <input type="checkbox"/> | <input type="checkbox"/> | d. | Do you have plans to upgrade, repair, remove or replace any of the storage tanks submitted for coverage in the next twelve (12) months? If yes, attach a detailed description of the planned activities with a timeline for activities to be completed. | |
| <input type="checkbox"/> | <input type="checkbox"/> | e. | Do you use a remote monitoring system with an outside vendor, who receives an alarm when a release occurs and is responsible for notifying the appropriate parties? If yes, provide: | |
| | | Name of Firm | | |
| | | Contact Name | | Telephone |
| <input type="checkbox"/> | <input type="checkbox"/> | f. | Are there any tanks at this location that are not registered with the applicable state regulatory agency or that are not included within this application? If yes, provide details: | |
| <input type="checkbox"/> | <input type="checkbox"/> | g. | Is the most recent annual storage tank site inspection report available? If yes, attach a copy. | |
| TANK DETAILS | | | | |
| Tank ID: | | | | |
| Type: | <input type="checkbox"/> UST <input type="checkbox"/> AST | <input type="checkbox"/> UST <input type="checkbox"/> AST | <input type="checkbox"/> UST <input type="checkbox"/> AST | <input type="checkbox"/> UST <input type="checkbox"/> AST |
| Original Install Date: | | | | |
| Capacity (gallons): | | | | |
| Contents: | | | | |
| Tank Construction: | <input type="checkbox"/> SW <input type="checkbox"/> DW | <input type="checkbox"/> SW <input type="checkbox"/> DW | <input type="checkbox"/> SW <input type="checkbox"/> DW | <input type="checkbox"/> SW <input type="checkbox"/> DW |
| Is tank equipped with secondary containment? | <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 <input type="checkbox"/> No |
| Piping Construction Type: | | | | |
| Piping Wall Construction: | <input type="checkbox"/> SW <input type="checkbox"/> DW | <input type="checkbox"/> SW <input type="checkbox"/> DW | <input type="checkbox"/> SW <input type="checkbox"/> DW | <input type="checkbox"/> SW <input type="checkbox"/> DW |
| Piping Diameter (inches): | | | | |
| Piping Length (feet): | | | | |
| Spill Bucket Installation Date: | | | | |
| Date of most recent spill bucket testing: | | | | |
| Date of most recent spill bucket repair: | | | | |
| Average monthly thru put (gallons): | | | | |
| Automatic Fuel Delivery? | <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 <input type="checkbox"/> No |
| Frequency of Fuel Delivery: | | | | |
| * If coverage for more than four (4) storage tanks is requested at any location, please submit a completed Table 10 | | | | |

| 11. COMPLIANCE HISTORY, RECORD AND CHANGES IN USE: (Attach additional pages if necessary) | | |
|---|--------------------------|--|
| Yes | No | Please answer the following: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Has any insurance company denied, canceled or non-renewed pollution liability coverage? If yes, please provide details: |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Are there any plans for future development, improvement, excavation, betterment, demolition or plans for changes in use? If yes, please provide details: |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Are you aware of any past or present contamination at any location or migrating from the proposed location, or any circumstances which may reasonably be expected to give rise to a claim for bodily injury, property damage or cleanup costs or generate a request for coverage under this policy? If yes, please provide details: |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Have there ever been any reportable releases or spills of hazardous substances, hazardous wastes, or any other pollutants as defined by applicable environmental statutes or regulations? If yes, please provide details and attach copies of applicable reports. |
| <input type="checkbox"/> | <input type="checkbox"/> | e. During the past five (5) years, have you been cited or prosecuted for any violation of any applicable environmental law and/or federal, state or local regulation arising from the release or spill of hazardous substances, hazardous waste or any other pollutants? If yes, please provide details: |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Are you aware of any waste materials that have been disposed of or buried on the proposed location? If yes, please provide details: |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at the present comply with? If yes, please provide details: |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Have there ever been any pollution claims for bodily injury, property damage or cleanup costs including, but not limited to, claims by private persons, public entities, governmental agencies or other third parties? If yes, please provide details and attach copies of applicable reports. |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Are there any future plans to sell or sublease the proposed location? If yes, please provide details: |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Have you been subject to third party claims as a result of a pollution event from a non-owned disposal facility? If yes, please provide details: |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Are there or were there ever any underground storage tanks located on the proposed location? |
| <input type="checkbox"/> | <input type="checkbox"/> | l. If yes to k. above, but are no longer in use, have the tanks been closed in accordance with applicable regulations? If yes, please attach evidence of proper closure (NFA letter, closure letters, etc.) |

| 12. RISK MANAGEMENT AND PLANNING (Attach additional pages if necessary) | | |
|---|--------------------------|--|
| Yes | No | Please answer the following: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Do you have a Spill Prevention Control and Countermeasures Plan (SPCC)? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Do you have an Emergency Response Plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Do you have a Corporate Health and Safety Plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Do you have one person who is responsible for environmental management and/or compliance? If yes, please provide contact information: |

| 13. TENANT INFORMATION | | <input type="checkbox"/> Check this box if this section does not apply. |
|---|-------------|---|
| For all tenants of the applicant, please provide the following: | | |
| | Tenant Name | Describe Tenant Operations |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

14. FRAUD WARNING

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 CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 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 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 a denial of insurance benefits.

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

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: 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.

14. FRAUD WARNING

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 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 purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO ALL OTHER STATE APPLICANTS: 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.

15. NOTICE TO APPLICANT:

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. The coverage applied for is solely as stated in the policy and any endorsement thereto, which provides coverage for cleanup costs, bodily injury and property damage liability coverage for claims first made against the insured and reported to the insurer, in writing, during the policy period. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

| | |
|----------------------------|--|
| Applicant Signature | |
| Printed Name | |
| Title | |
| Date | |
| | |
| Agent/Broker Firm | |
| Broker Address | |
| | |