

## Ironshore Environmental Site Pollution Incident Legal Liability Select (SPILLS) Application

THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY. PLEASE REVIEW THE APPROPRIATE POLICY CAREFULLY.

**INSTRUCTIONS:**

- Please print or type clearly.
- Please answer all questions and those applicable to the coverages requested. If any questions in those sections do not apply, please answer "NA."
- If additional supporting documentation is needed to answer the questions completely, please reference in the application and attach the additional supporting documentation.
- The application must be signed and dated by a duly authorized executive, officer, owner, or principal of the applicant.

**GENERAL APPLICANT INFORMATION:**

Named Insured: Dublin Rehabilitation Hospital, LLC  
 Mailing Address: 450 Century Parkway Ste 220  
Allen, TX 75013  
  
 Company Web Address: www.reunionrehabhospital.com  
 Year Established: 2021

1. Are there any additional Named Insureds for the Company to evaluate for coverage?  YES  NO. If Yes, list the entities and their relationship to the First Named Insured and include an organizational chart: \_\_\_\_\_  
 \_\_\_\_\_
  
2. Are there any additional insureds for the Company to evaluate for coverage?  YES  NO. If Yes, list the entities and their relationship to the Named Insured: \_\_\_\_\_  
 \_\_\_\_\_
  
3. Description of all the Named Insured's operations: Inpatient rehabilitation hospital providing physical, occupational, speech and other therapy services

**EXISTING COVERAGE DETAILS:**

	Site Pollution Coverage
	Check if none (✓)
Carrier	
Limits	
Deductible / SIR	
Premium	
Effective dates	
Any retroactive dates	

**REQUESTED COVERAGE:**

	Site Pollution Coverage
Limits	
Deductible / SIR	
Term	
Any retroactive dates	
Effective dates	

**PROPERTY INFORMATION:**

1. Property(ies) to be covered:

(If the below space is inadequate to account for all properties to be covered, please attach a statement of values that includes, at a minimum, the street address, city, state, zip code, square footage, the number of units and/or the acreage and year built for each of the properties to be covered and indicate below that an attachment has been provided)

Street address	City	State	Zip Code	Square Footage, Units and/or Property Acreage	Year Built
1. 3805 Emerald Parkway	Dublin	OH	43016	46,500 SF	2021
2.					
3.					
4.					
5.					

2. Current use of Covered Property(ies):

Industrial  
  Warehouse/Light Industrial  
  Retail  
  Hotel  
  Office  
  Residential  
 Other – Specify Inpatient Physical Rehabilitation Hospital

3. Prior use of Covered Property(ies):

Industrial  
  Warehouse/Light Industrial  
  Retail  
  Hotel  
  Office  
  Residential  
 Other – Specify Vacant Land

4. Have dry cleaning operations ever been conducted at any of the Covered Properties? \_\_\_ YES  NO. If yes, provide details including site addresses and the types of dry cleaning solvents historically and currently used: \_\_\_\_\_

5. Have gas station or auto repair operations ever been conducted at any of the Covered Properties? \_\_\_ YES  NO. If yes, provide details, including site addresses and details on the use of any chlorinated solvents: \_\_\_\_\_

6. Has there ever been or is there currently any remediation, monitoring or sampling to investigate contamination at any of the Covered Properties? \_\_\_ YES  NO. If yes, please provide explanation and attach copies of applicable environmental reports. \_\_\_\_\_

7. Are there any plans for sampling to investigate potential contamination or to commence any remediation projects at any of the Covered Properties? \_\_\_ YES  NO. If yes, please provide details. \_\_\_\_\_

**DEVELOPMENT PLANS:**

1. Are there any known plans for development, redevelopment, construction or demolition at any of the Covered Properties during the proposed policy period?  YES  NO. If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
2. Are there any known plans for any interior renovations at any of the Covered Properties during the proposed policy period?  YES  NO. If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**INDOOR AIR QUALITY:**

1. Have any of the Covered Properties had an indoor air quality incident (including but not limited to the presence of mold matter or legionella or other pollutants) that cost more than or is expected to cost more than \$25,000 to address such incident?  YES  NO. If yes, what was the total cost of each incident? \_\_\_\_\_  
\_\_\_\_\_
2. Have any construction defects at a Covered Property been encountered (including but not limited to HVAC system problems, leaks in the building envelope (roof, windows or siding), broken plumbing or other)?  YES  NO. If yes, please summarize issue and how they were addressed. \_\_\_\_\_  
\_\_\_\_\_
3. Have any water intrusion or moisture conditions at a Covered Property been encountered (including but not limited to HVAC system problems, leaks in the roof, windows or siding, broken plumbing or sewer backups)?  YES  NO. If yes, please summarize issue and how they were addressed. \_\_\_\_\_  
\_\_\_\_\_
4. Are any buildings at the Covered Properties currently vacant, abandoned or unoccupied?  YES  NO. If yes, how long have they been vacant? \_\_\_\_\_  
\_\_\_\_\_
5. Do any of the buildings at the Covered Properties currently have broken or missing windows or holes in the roof or building envelope?  YES  NO. If yes, is there any evidence of water intrusion or moisture conditions.  YES  NO.
6. Does the applicant have a mold matter operations and maintenance (O&M) plan and/or water intrusion O&M plan?  YES  NO. If yes, please provide a copy.
7. Does the applicant have employees on-site and dedicated to the management of the Covered Properties proposed for coverage?  YES  NO. If yes, have the employees undergone specific training with regards to IAQ and/or mold?  YES  NO.
8. Have any complaints ever been made by a third party relating to indoor air quality, mold or legionella problems at a Covered Property proposed for coverage?  YES  NO. If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

**PER/POLYFLUOROALKYL SUBSTANCES (PFASs)**

1. Have any PFASs, or any materials or products that may have contained PFASs, ever been manufactured, used or stored at any Covered Property?  YES  NO. If yes, please provide details. \_\_\_\_\_  
\_\_\_\_\_

**STORAGE TANKS:**

1. Are there any underground or aboveground storage tanks (USTs OR ASTs) at any of the Covered Properties?  YES  NO. If yes, please include details below or provide a schedule that includes age, size, contents, construction material (steel, fiberglass, etc.) construction type (single/double walled), leak detection/monitoring type and copies of recent tank tightness tests.

Covered Property	AST/UST	Installation Date	Size	Construction (material and type)	Contents	Leak Detection	Secondary Containment
1.							
2.							
3.							
4.							
5.							

2. Is the applicant aware of any storage tanks at the site that have been removed or closed in place?  YES  NO. If yes, please provide any available closure documentation.
3. Are there any plans to remove or upgrade any of the tanks at any Covered Property proposed for coverage during the Policy Period?  YES  NO. If yes, please provide details: \_\_\_\_\_

**TRANSPORTATION:**

1. Do the applicant's operations require the transportation of cargo?  YES  NO. If yes, what is being transported? \_\_\_\_\_
2. Does the applicant have any operations that require the transportation of hazardous materials?  YES  NO. If yes, what is being transported? \_\_\_\_\_
3. Does the applicant transport the materials themselves or do they use a third-party transporter? 1<sup>st</sup> Party  3<sup>rd</sup> Party
4. What types of conveyances are being used to transport cargo:  Auto  Rail  Watercraft  Aircraft?
5. How many of each conveyance does the applicant own, lease or operate:  Auto  Rail  Watercraft  Aircraft?

**WASTE DISPOSAL ACTIVITIES:**

1. Does the applicant require disposal of any hazardous material as part of its operations?  YES  NO. If yes, please describe materials, estimated quantities generated per month and facility(ies) at which the material is primarily disposed. \_\_\_\_\_  
 Medical waste, 275 lbs/month per facility

2. Has the applicant been named as potential responsible party (PRP) in connection with waste disposal activities? \_\_\_ YES  NO.  
If yes, please provide details: \_\_\_\_\_

**CLAIMS / WARRANTY STATEMENTS:**

**CLAIMS:**

1. In the last five (5) years, has the applicant had any reportable release or spill of any hazardous substance, hazardous waste or petroleum product, or any other pollutants? \_\_\_ YES  NO. If yes, please explain: \_\_\_\_\_
2. In the last five (5) years, has the applicant received any notice of violation, fine, penalty, claim, complaint or other enforcement action due to or associated with compliance with environmental laws or relating to the release or threatened release of a hazardous substance, hazardous waste, petroleum product or other pollutant? \_\_\_ YES  NO. If yes, please explain: \_\_\_\_\_
3. Is the applicant aware of any past or present contamination on, at, under or migrating from any Covered Property proposed for coverage? \_\_\_ YES  NO. If yes, please explain. \_\_\_\_\_
4. Have any claims been made or legal actions (including regulatory actions) been brought against the applicant in the past 5 years which relate in any way to an actual or alleged release of hazardous substances, hazardous wastes or petroleum products, or any other pollutants (including mold matter and legionella) or water intrusion? \_\_\_ YES  NO. If yes, please explain: \_\_\_\_\_

**WARRANTY:**

1. Does the applicant know of any fact, situation or circumstance that could result in a claim(s) in any way related to hazardous substances, wastes, petroleum products, contaminants, or any other pollutants (including mold matter and legionella) or water intrusion being made against your company or any other entity that is requesting coverage?  NO \_\_\_ YES. If yes, please explain. \_\_\_\_\_

**ACCEPTING THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE, OR THE APPLICANT TO PURCHASE, THE POLICY. IN THE EVENT THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS OR REPRESENTATIONS OR WARRANTIES HEREIN PRIOR TO THE ISSUANCE DATE OF THE POLICY, WHICH WOULD RENDER THIS APPLICATION FORM INACCURATE OR INCOMPLETE, THE APPLICANT WILL NOTIFY THE INSURER IN WRITING AND, IF NECESSARY, ANY OUTSTANDING QUOTATION MAY BE MODIFIED OR WITHDRAWN.**

**NOTICE TO ARKANSAS & 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 FINES AND CONFINEMENT IN 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR**

CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES."

**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 INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN 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 NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE AND MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWINGLY 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 (365: 15-10, 36 §3613.1)

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 VERMONT APPLICANT:** 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 MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL 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 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATIONS



THE UNDERSIGNED APPLICANT WARRANTS THAT THE STATEMENTS SET FORTH IN THIS APPLICATION AND ITS ATTACHMENTS AND OTHER MATERIALS SUBMITTED TO THE INSURER ARE TRUE AND CORRECT.

THE UNDERSIGNED UNDERSTANDS, AGREES TO, AND ACKNOWLEDGES, THAT THIS POLICY CONTAINS A POLICY AGGREGATE LIMIT OF LIABILITY THAT IS ACCEPTED AND SHARED BY ALL OF THE APPLICANTS AND INSURED'S WHO ARE OR MAY BECOME AN INSURED HEREUNDER. IN VIEW OF THE OPERATION AND NATURE OF THIS SHARED POLICY AGGREGATE LIMIT OF LIABILITY, THE APPLICANT UNDERSTANDS AND AGREES THAT PRIOR TO FILING A CLAIM UNDER THIS POLICY, THE POLICY AGGREGATE LIMIT OF LIABILITY MAY BE EXHAUSTED OR REDUCED BY PRIOR PAYMENTS FOR OTHER CLAIMS UNDER THIS POLICY. AS A RESULT, THERE MAY BE NO AVAILABLE LIMIT TO PAY AN APPLICANT'S OR INSURED'S CLAIM, REGARDLESS OF WHETHER ANY LOSS, BUSINESS INTERRUPTION EXPENSE OR EXTRA EXPENSE HAS BEEN PAID ON SUCH APPLICANT'S OR INSURED'S BEHALF.

Applicant's signature:  Date: 12/20/2022

Applicant's name (please print): Jerry D Huggler  
Title: CFO - Nobis Rehabilitation Partners

Insurance representative: Barry Montgomery  
Name of firm: HUB  
Address: 700 North Pearl Street, Suite N1700  
Telephone number: (214) 979-6242  
Fax number: \_\_\_\_\_  
E-mail address: Barry.montgomery@hubinternational.com

Surplus lines agent (SLA): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State, ZIP code: \_\_\_\_\_  
Surplus lines license number: \_\_\_\_\_