



Environmental Claims
Group, Inc.

1111 North Main Street, Suite 100
Lees Summit, Missouri 64086

Phone: 816-875-6559 Fax: 816-875-6559
www.environmentalclaims.com

Answer all questions, use separate sheets if necessary.

NOTE: There are two sections to this application (1 - 9) and (A - Q)

1. Applicant/Parent Company:	Date Needed:
Dave Cross Motors Inc	1-17-2023
Applicant/Parent Company Address:	Effective Date:
1101 Northwest Blue Parkway	2-01-2023
Lees Summit MO 64086	
Phone: 816-875-6559	State: MO
Web Address: davecrossmotors.com	Zip: 64086

2. Requested Coverages:	Proposed Limits/Retention
<input checked="" type="checkbox"/> Onsite Cleanup/3rd Party Liability	Occurrence: 1,000,000
<input type="checkbox"/> Onsite Cleanup Only	Aggregate: 1000000
<input type="checkbox"/> 3rd Party Liability Only	Deductible/SIR: 10000
<input type="checkbox"/> GL/3rd Party Liability	Term (10-year max.): 1
Retroactive Date: _____	

3. Type of facility:
Franchised GM Dealer
Please provide a brief description of why Environmental Liability coverage is needed:
has current policy -

4. List all locations to be covered:	Total Number of Facilities
Loc#	Facility Name, Address, State & Zip Code
1	1101 Northwest Blue Parkway, Lees Summit, MO 64086
2	
3	
4	
5	
6	
7	
8	
(List additional locations on separate page if necessary)	

5. **Financial Information**
Gross Receipts for Corporation/Company: 47,606,000

- 6. Attach a copy of the Applicant's most recent financial statement (balance sheet and income statement), or 10K. Attach pro forma statement if applicable.
- 7. Attach copies of recent or applicable environmental reports for each site, including but not limited to: Phase I or II assessments, corrective action plans, remediation work plans, or closure plans.
- 8. If any remedial activities have occurred at any of the proposed covered locations, attach EPA or State closure letters, no further action letters, or provide a detailed description of the steps being taken to attain closure and a schedule for attaining closure.
- 9. Attach any complaint, suit, or correspondence related to any public complaints regarding any emission, discharge, or escape of any pollutant from any of the proposed covered locations to the local community.

Signed _____ Title _____ Date _____

TO BE COMPLETED BY INSURANCE AGENT

Agent's Name: Ed Garlich/ Rich & Cartmill Insurance
Address: 4945 N Towne Centre Dr, Ozark, MO 65721
Phone: 816-668-7155 Fax: 417-581-4045
Do you hold a surplus lines license? Yes No License No: 0286719 Exp. Date: 03/29/20

IMPORTANT! Please Copy the Following Pages (Section A - Q) and Complete this Section for Each Location to be Scheduled/Covered

A.	Facility Specific Information:		
	Name or Location Number: <u>1</u>	Age of Facility: <u>2013</u>	
	Has this location ever had any unregulated emission, discharge, release or escape of pollutants or other substances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Is the Applicant aware of any pre-existing condition at this location that might lead to a claim under the policy if it were to be issued? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

B.	Describe Current Operations/Manufacturing Processes:
	None

C.	Describe Historical Site Operations:	<small>(environmental reports for the facility, Phase I or II, remediation plans)</small>

D.	Permits (Check all that Apply)	For each that apply, please attach a list of relevant permit ID numbers
	<input type="checkbox"/> RCRA Part B Permit or State Equivalent <input type="checkbox"/> NPDES or State Equivalent <input type="checkbox"/> NPDES Storm Water Permit or State Equivalent <input type="checkbox"/> Air Permit (any type, federal, state or local) <input type="checkbox"/> UST or AST Registrations <input type="checkbox"/> CAA 112(r) <input type="checkbox"/> SARA Title III	<input type="checkbox"/> EPCRA Section 302 TPQ <input type="checkbox"/> PCB Annual Reports <input type="checkbox"/> Small Quantity Generator <input type="checkbox"/> Large Quantity Generator <input type="checkbox"/> Asbestos-Related Permits <input type="checkbox"/> Onsite Disposal Permits <input type="checkbox"/> Pesticide/Herbicide <input type="checkbox"/> OTHER:

E.	Regulatory Compliance	
	a) Is the Applicant/Facility currently in compliance with all applicable environmental regulations? If no, attach a description detailing the measures being taken to comply	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b) Has the Applicant/Facility ever been cited for any environmental or permit violation? If yes, attach a description detailing the violation, the steps taken to come into compliance, and the final outcome of the violation.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	c) Does the Facility conduct regular environmental compliance audits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Chemical Use, Treatment, Storage, and Disposal Information

(Location Name)

F. Raw and Process Chemicals	QUANTITIES		STORAGE METHODS (Check all that apply)			
	Chemical Name	Total per Year	At Any One Time	Drum	AST	UST
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			X	X	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Attach Separate List if additional space is needed.

(Applicant may attach a copy of a DMR in lieu of completing table below)

G. Wastewater Handling? <input checked="" type="checkbox"/> N/A		Maximum Daily Discharge:			
Constituents of Concern	Discharge Limits	Receiving Body	Outfall #	Treatment Process	

Attach Separate List if additional space is needed.

Describe any permit exceedances or by-passes. List number of exceedances and the methods used to correct problem.

Chemical Use, Treatment, Storage, and Disposal Information

(Location Name)

H. Hazardous/Special Waste Generation? <input type="checkbox"/> N/A					
Waste Type (RCRA #)	Quantity/Year	Treatment Method	Disposal Method	Total Quantity Stored Onsite	Date Disposal Started

Attach list of additional waste materials, if necessary.

I. Offsite Disposal? <input type="checkbox"/> N/A					
Waste Type (RCRA #)	Quantity/Year	Treatment Method	Disposal Method	Disposal Facility	Date Disposal Started

Attach list of additional waste materials, if necessary.

J. Onsite Disposal? <input type="checkbox"/> N/A		
<input type="checkbox"/> Active Landfill Total acreage _____ Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Lined: <input type="checkbox"/> Yes <input type="checkbox"/> No Leachate Collection: <input type="checkbox"/> Yes <input type="checkbox"/> No Monitoring Wells: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Wells: _____ Age of Facility: <u>2013</u> Wastes(list): _____	<input type="checkbox"/> Closed Landfill Total acreage _____ Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Lined: <input type="checkbox"/> Yes <input type="checkbox"/> No Leachate Collection: <input type="checkbox"/> Yes <input type="checkbox"/> No Monitoring Wells: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Wells: _____ Age of Facility: _____ Wastes(list): _____	<input type="checkbox"/> Injection Well Years in Operation _____ Number of Wells: _____ Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Lined: <input type="checkbox"/> Yes <input type="checkbox"/> No Closed?: <input type="checkbox"/> Yes <input type="checkbox"/> No Wastes(list): _____

Attach additional information for other onsite disposal facilities if necessary

Chemical Use, Treatment, Storage, and Disposal Information

(Facility Name)

K. Air Emissions? N/A

Source	Quantity/ Year	Pollutant	Treatment Method	Permit Emission Limits	Years Source in Operation

Attach a list of additional sources, if necessary

L. Aboveground Storage Tanks? N/A

Identification	Age	Capacity (US Gallons or BBL)	Construction Material	Date of Last Inspection	Type of Containment
		500			Waste Oil
		250			New Lube Oil
		250			New Lube Oil
		180			New Lube Oil

Attach list of additional ASTs if necessary.

M. Underground Storage Tanks? N/A

Tank ID	Age	Capacity	Tank Construction Material	Leak Detection Method	Piping Construction Material	Registered with State?

All tanks greater than 10 years old MUST have current tightness tests.

Attach list of additional USTs if necessary.

Chemical Use, Treatment, Storage, and Disposal Information

(Location Name)

N. Has the location/facility, during the last five years, been cited or prosecuted for any violation of any standard or law relating to the release of a substance into the environment? Yes No

If yes, provide details:

O. Has the location/facility ever been sued or requested to pay any damages or to perform any cleanup activities with respect to any actual alleged pollution incident either on the facility grounds or to an offsite party or location? Yes No

If yes, provide details:

P. List all environmental losses paid or incurred over the past three years.

<u>Date</u>	<u>Amount</u>	<u>Description of Loss</u>