



SITE POLLUTION LIABILITY APPLICATION

Please answer all questions and attach the following:

- ☐ 5-years currently valued Pollution, General Liability & Property loss runs
- ☐ Most recent 2-years of Financials (Income Statement & Balance Sheet)
- ☐ Copies of Mold Management/Water Intrusion Plans
- ☐ Copies of Environmental Permits, if any, for each covered location
- ☐ Copies of any and all available Environmental Reports for each covered location
- ☐ Copy of Emergency Response Plan

SECTION 1 - GENERAL INFORMATION

First Named Insured (FNI): Lansing Street LLC

Mailing Address: c/o Michael Trautman 602 Ford Dr

City: Norfolk State: VA Zip: 23523-2408 NAICS Code: 336611

Telephone: (757) 650-0185 Website:

Contact Name: Michael Trautman Title: Managing partner

Contact Telephone: Email:

FNI is: ☐ Corporation ☐ Partnership ☐ Joint Venture ☒ LLC/LLP ☐ REIT ☐ Other
☐ Private ☐ Public Date Firm was Established 02/22/2023

Description of Operations: Shipyard

Revenues: Current Year \$ 2023 Projected Next 12 months \$ 350,000

SECTION 2 - COVERAGE

CURRENT POLLUTION COVERAGE

Carrier	Limits	Premium	Retention	Term	Retro Date
	/	\$	\$	Yrs.	

REQUESTED COVERAGE

Effective Date of Coverage: 06/01/2023 Proposed Retroactive Date: 06/01/2023

Policy Term (yrs.): ☐ 1 ☐ 2 ☐ 3 ☐ 5 ☒ Other 10

Retention each Claim: ☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ Other \$

Limit each claim: ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☒ \$5,000,000 ☐ Other \$

Aggregate Limit: ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☒ \$5,000,000 ☐ Other \$

Site Coverage: ☒ New ☐ Pre-existing ☒ Onsite Cleanup ☒ Offsite Cleanup ☒ 3rd-Party Pollution Liability

Additional Coverages: ☐ CPL ☐ Transportation Pollution ☐ Other

SECTION 3 - COVERED LOCATIONS/OPERATIONS

A. ADDITIONAL NAMED INSURED

Additional Named Insured	Relationship to FNI	Operations
Kinder Morgan Virginia Liquids Terminal LLC	Seller of Property	Natural Gas Pipeline

B. COVERED LOCATIONS – Please complete the following for all locations to be covered

Site	Address	City	ST	Acreage	Operations	Yrs. Occupied
1	1000 Lansing Street	Norfolk	VA	22.197	Shipyard	New Purchase
2						
3						
4						
5						

C. PROPERTY SETTING – Describe adjacent exposures and the site past operations

Site	North	South	East	West	Past Operations
1					
2					
3					
4					
5					

1. Are there plans to conduct sampling, monitoring or remedial activities at any property? ☒ No ☐ Yes, if “Yes” then describe: _____
2. Are there plans for any capital improvements or changes in use at any property? ☒ No ☐ Yes, if “Yes” then describe: _____

D. INDOOR AIR QUALITY/MOLD

3. Have any buildings on the scheduled locations experienced mold, biological or legionella events? ☒ No ☐ Yes, if “Yes” then describe _____
4. Have any buildings on the scheduled locations experienced water leaks or flooding? ☒ No ☐ Yes, if “Yes” then describe _____
5. Are there visible signs of mold growth at any buildings on the scheduled locations? ☒ No ☐ Yes, if “Yes” then describe _____
6. Is any scheduled location located in a 100-year flood plain? ☒ No ☐ Yes, if “Yes” then describe: _____

E. PERFLUOROALKYL AND POLYFLUOROALKYL (PFAS) AND PERFLUOROOCTANESULFONIC ACID (PFOS)

7. Have any substances, materials or products that may have contained PFAS or PFOS ever been manufactured, used, stored or treated at any covered location? ☒ No ☐ Yes, if "Yes" then describe:

8. Has any Aqueous Film Forming Foam (AFFF) been used at any covered location to fight a fire or conduct fire training exercises? ☒ No ☐ Yes, if "Yes" then describe:

F. ADDITIONAL INFORMATION – Please note if any of the following applies to any Covered Location

9. Are Chemicals/Hazardous Materials handled, stored or disposed? ☒ No ☐ Yes, if "Yes" Complete Addendum A
10. Are any facilities used for solid waste management? ☒ No ☐ Yes, if "Yes" Complete Addendum B
11. Does any facility have underground or aboveground storage tanks? ☒ No ☐ Yes, if "Yes" Complete Addendum C
12. Is CPL being requested? ☒ No ☐ Yes, if "Yes" provide Revenue from Contracting Services \$_____
13. Is Transportation Pollution Liability being requested? ☐ No ☐ Yes, if "Yes" provide a vehicle schedule.
14. Is coverage required by a 3rd party (bank, landlord, etc.)? ☐ No ☒ Yes, if "Yes" by whom: Seller
15. Is evidence of Financial Responsibility required? ☒ No ☐ Yes, if "Yes" by whom: _____

SECTION 4 - CLAIMS

16. Have you had any environmental losses, or incidents, including, but not limited to, claims by private persons, entities, government agencies or other third parties over the past 5 years? ☒ No ☐ Yes, if "Yes" then describe:

17. At the time of signing this application, are you aware of any facts or circumstances that might reasonably be expected to result in a claim or claims being asserted against any entity for which coverage is being sought for environmental cleanup costs, bodily injury or property damage resulting from the release of pollutants into the environment? ☒ No ☐ Yes, if "Yes" then describe:

18. Have you ever had a pollution policy cancelled or non-renewed by any insurance company? ☐ No ☐ Yes, if "Yes" then describe:

19. Have you ever been investigated, cited and/or prosecuted for violation of any standard or law relating to any release of pollutants? ☐ No ☐ Yes, if "Yes" then describe:

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person, submits an application for insurance or statement of claim containing any false, incomplete, or misleading information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to criminal and civil penalties along with loss of insurance benefits.

WARRANTY STATEMENT

The undersigned authorized officer ("Applicant") declares, warrants and represents that a diligent inquiry has been made for all information requested by us in the application and that the information and statements contained in this application, including attachments, and all other submissions made in the process of seeking the requested insurance, are true and correct, and that no material facts have been misstated or suppressed. The Applicant also declares, warrants and represents that if any information supplied on this application, including attachments, or in other submissions made in the process of seeking this insurance, changes between the date of this application and the effective date of such insurance, the Applicant will immediately notify us of such changes and we, at our discretion, may modify or withdraw any outstanding quotations and/or authorizations or agreements to bind the insurance. Completion and signing of this application does not bind coverage.

Applicant Signature

Print Name

Title

Date

ADDENDUM A – CHEMICALS/HAZARDOUS MATERIALS HANDLED, STORED OR DISPOSED

Complete this Addendum for each Covered Location where applicable. Copy as necessary

Facility Name _____

City: _____ State: _____ Zip: _____

Facility EPA ID #: _____ State ID #: _____

PERMITS		
Permit Description	Issued By	Expiration Date

HAZARDOUS MATERIALS/CHEMICALS STORED AND/OR USED			
Chemical/Hazardous Material	Amount Onsite	Annual Usage	Type of Storage

TREATMENT/DISPOSAL

Type of Treatment: ☐ Process Water ☐ Wastewater ☐ Hazardous Waste ☐ Other _____

Max Permitted Amount Treated _____ Average Daily Amount Treated _____

Treatment Method(s) _____

Effluent Discharged to: _____

Facility Access Controls: _____

Is Radioactive Waste Treated? ☐ No ☐ Yes, if "Yes" then describe _____

Waste Type	Quantity	Treatment/Disposal Method

ADDENDUM B – SOLID WASTE MANAGEMENT

Complete this Addendum for each Covered Location where applicable. Copy as necessary.

Facility Name _____

City: _____ State: _____ Zip: _____

Facility EPA ID #: _____ State ID #: _____

PERMITS

Permit Description	Issued By	Expiration Date

FACILITY INFORMATION

Type of Facility: ☐ Municipal Landfill ☐ Construction & Debris Landfill ☐ Hazardous Waste Landfill
☐ Transfer Station ☐ Material Recovery Facility (MRF) ☐ Other _____

Max Permitted Daily Tonnage _____ Average Daily Tonnage Accepted _____ Total Acres: _____

Disposal Acres _____ Buffer Acres _____ Buffer Use _____

Describe Materials Accepted _____

Describe Facility Access Controls _____

Is the Facility Monitoring Groundwater? ☐ No ☐ Yes, if "Yes" then provide most recent groundwater monitoring report.

CELL INFORMATION

	ID #	ID #	ID #	ID #
Active or Closed				
Date First Used				
Estimated Closure Date				
Liner Type				
Liner Thickness				
Leachate Collection System	<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
Methane Collection System	<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

ADDENDUM C – TANKS

Complete this Addendum for each Covered Location where applicable. Copy as necessary.

1. Are there or have there been Underground (UST) or Aboveground (AST) storage tanks on or beneath the property:

☐ No ☐ Yes, if "Yes" then complete the following:

UST: ☐ No ☐ Yes, if "Yes", how many _____ AST: ☐ No ☐ Yes, if "Yes", how many _____

If tanks noted above then complete the table using appropriate symbols.

	1	2	3	4	5
Tank #					
UST/AST					
Install Date Year					
Capacity (Gallons)					
Contents					
Tank Construction Material					
Overfill/Spill Protection					
Tank Monitoring					
AST Diking Construction					
AST Base Construction					
Piping Construction Material					

2. Have any tank(s) been abandoned in place or removed? ☐ N/A ☐ No ☐ Yes
If "Yes" then was regulatory closure granted? ☐ Yes ☐ No
3. Are tank(s) covered by a separate insurance policy or state fund? ☐ N/A ☐ No ☐ Yes
4. Are tank(s) in compliance with 1998 EPA standards? ☐ Yes ☐ No