



CRUM & FORSTER

POLLUTION LEGAL LIABILITY INSURANCE APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

NOTICE: If a policy is issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:

1. Copies of all environmental audit or assessment reports that have been conducted within the past three years.
2. Most recent income statement and balance sheet.
3. Five years of valued loss runs, if applicable.

I. APPLICANT INFORMATION			
Insured:	36 Properties Grippa Group		Date: 1/4/2023
Address:	PO Box 242		Phone: 914 988 575
City:	HARRISON	State: NY	Zip Code: 10520
Company is:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other <small>(please describe)</small>		
			E-Mail: lgrippa@corpnet.com
II. REQUESTED COVERAGE			
1. Coverage Requested:		2. Proposed Effective Date: 1/14/2023	
<input type="checkbox"/> New Business <input checked="" type="checkbox"/> Renewal		Proposed Retroactive Date: _____	
<input type="checkbox"/> Third Party Pollution Liability <input type="checkbox"/> Transportation Pollution		3. Limits Of Liability/Deductible: 10K	
<input type="checkbox"/> On-Site Cleanup <input type="checkbox"/> Non-Owned Disposal Site Coverage		Limits Requested: 10 mill	
4. Other Coverages and Endorsements: _____		Deductible Requested: _____	
5. Have you ever had site pollution coverage before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		-- or --	
If so, please provide coverage dates: _____		SIR requested: _____	
III. DESCRIPTION – Please complete the following for all locations you wish to be covered.			
LOCATION	ACREAGE	DESCRIPTION OF CURRENT OPERATIONS	LENGTH OF OPERATIONS
1. 39 OAK STREET	50 by	1 FAMILY HOME	60 years
2. HARRISON, NY	100		
3. 10520	LOT		
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
IV. DESCRIBE CURRENT OPERATIONS:			
1 FAMILY HOME.			
V. LIST ALL STRUCTURES ON THE PROPERTY:			
1 FAMILY HOME WITH GARAGE			

XIII. HAZARDOUS WASTE AND MATERIALS

Does this property generate, handle, store or dispose of any hazardous waste or materials? Yes No

- If yes, please complete the following:
- Describe the disposal method used:
 - Type of hazardous waste or materials:
 - Describe the on site storage practices and storage areas:

XIV. STORAGE TANKS

Does this property presently have any storage tanks? Yes No

If yes, please explain the tank inventory control program:

AST/UST	Tank No.	Tank Construction	Tank Size (Gals.)	Age	Date of Installation	Contents	Secondary Containment	Date & Results of Last Testing
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

XV. PROPERTY LOCATION

- Provide a description of adjacent properties:
 - North: ~~GAS STA~~ Mechanic Repair Shop - WAS GAS STATION
 - South: all homes
 - East:
 - West:
- Identify any surface or groundwater uses in the area (drinking wells, etc.):
- Is public water and sewer available: Yes No WJW
- Are there any protected environments in the area or sensitive receptors (parks, wildlife preserves, etc.) or school areas where children may frequent: Yes No
If yes, please describe:
- Identify nearby surface water bodies including approximate distances (i.e. streams, lakes, wetlands):
N/A
- Provide information on any mandated or voluntary monitoring performed at considered location (i.e. groundwater monitoring wells, NPDES, CAA, etc.):
N/A

XVI. WASTE HANDLING

Does your facility treat, process, separate or store any type of waste (i.e. liquid, solid, wastewater)? Yes No

- If yes, please complete the following:
- Type of Waste:
 - Describe the waste treatment operation:
 - Maximum amount of waste processed per day:
 - Maximum amount of waste stored at any one time:
 - Daily operating procedures in place? Yes No
 - Are emergency procedures in place? Yes No
 - Identify effluent discharge points for wastewater and storm water:

XVII. LANDFILL

Do you now or have you ever had a landfill on site? Yes No

- If yes, please complete the following:
- Acreage: Active Landfill: _____ Closed Landfill: _____ Vacant Land: _____
 - Type of waste collected:

VI. ARE THERE ADDITIONAL OCCUPANTS ON THIS PROPERTY (OWNED OR LEASED)?

Yes No If yes, please list below

~~2 FAMILY HOMES~~ 1 FAMILY HOME

VII. PROVIDE SITE HISTORY INCLUDING ALL PAST LAND USE AND THE TIME PERIOD FOR EACH OPERATION.

1 FAMILY HOME

VIII. HAS THERE EVER BEEN ANY STORAGE OR DISPOSAL PRACTICES AT THE SITE INCLUDING ANY ON SITE DISPOSAL? If so, please explain in detail below:

NO

IX. PRIOR LIABILITY CARRIER INFORMATION

1. Coverage Form 2. Carrier 3. Receipts 4. Limit of Liability 5. Deductible 6. Policy Type 7. Rate 8. Premium

1. CIGNIT FIRST			10 MILL	10K	ENVIRONMENTAL		
2.							
3.							

4. Has any policy or coverage been declined, cancelled and/or non-renewed during the prior three years?

Yes (If yes, please explain):
 No

X. HISTORY OF COMPANY

1. Date Company Was Established:

1997

2. Have there been any consolidations, dissolutions, acquisitions and/or mergers?

Yes
 No

If yes, please explain:

3. Does the firm have:

Subsidiaries
 A parent company
 Other related entities

If so, please explain:

4. Do you share employees?

Yes
 No

If yes, please explain:

XI. ANNUAL REVENUE – Provide revenue base from the following:

\$	Past Year	57K
\$	Current Year	56K
\$	Upcoming Estimate	57K

XII. ENVIRONMENTAL INFORMATION:

1. Has fill material ever been used at the property?	Yes	<input checked="" type="checkbox"/> No
2. Has any remediation or monitoring of soil or groundwater ever taken place at the property?	Yes	<input checked="" type="checkbox"/> No
3. Has there ever been any testing of soil, groundwater, surface water or air at the property?	Yes	<input checked="" type="checkbox"/> No
4. Does the use of the property require any environmental permits?	Yes	<input checked="" type="checkbox"/> No
5. Are there any plans to conduct any testing of soil, groundwater or surface water at the property?	Yes	<input checked="" type="checkbox"/> No
6. Has any building structure been tested for lead-based paint, asbestos or radon?	Yes	<input checked="" type="checkbox"/> No
7. Are there any dry wells, septic systems, leach field or oil/water separators at the property?	Yes	<input checked="" type="checkbox"/> No

3.	Is the landfill lined?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Type of liner:	
				Material:	
				Thickness:	
4.	Is there a leachate collection system in place?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Amount of leachate produced annually?	
5.	Number of active groundwater monitoring wells in place?			Total	Up gradient
6.	Are daily operating procedures in place?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Down gradient
7.	Are emergency procedures in place?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

XVIII. VIOLATIONS

1.	Have you during the last five years received any violations regarding any standard or law relating to the release of a substance from the location(s) into sewers, rivers, air or onto land?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If yes, please provide the details:		
2.	If yes, have you ever been prosecuted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please provide the details:		

XIX. CLAIMS

1.	Please describe any pollution claims which have occurred during the last five years, (if none, please state so):	
	None	
2.	At the time of signing this application are you aware of any circumstances that may reasonably be expected to give rise to a claim under this policy?	<input type="checkbox"/> Yes
	If yes, please provide the details:	<input checked="" type="checkbox"/> No

FRAUD WARNING: APPLICABLE TO ALL 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 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.

WARRANTY STATEMENT

The signatory declares that (s)he is authorized by the Applicant to sign this application on behalf of all prospective **Insureds** and that to the best of his/her knowledge the statements herein are true. The signatory agrees that if the information supplied in this application and the materials submitted therewith should change between the date this application is signed and the effective date of the proposed insurance, the signatory shall immediately notify the **Insurer** of such and shall provide the **Insurer** with information that would complete, update or correct the application or materials submitted therewith. The **Insurer** may withdraw or modify any of the terms or conditions of coverage accordingly.

NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature:	<u>[Handwritten Signature]</u>	Date:	<u>1/4/2023</u>
Print Name:	<u>LARRY GRIPPE</u>	Title:	<u>Owner</u>