VIRTUE GUARD

VIRTUE RISK PARTNERS

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RENEWAL APPLICATION FOR
STORAGE TANK & ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE

This renewal application is for an insurance policy providing coverage on a "Claims-Made and Reported" insurance policy. Please read the policy, endorsements, and all notices and discuss the coverage afforded with your agent or broker. Complete as instructed below.

E-MAIL COMPLETE SUBMISSION TO:
Submissions@virtuerisk.com

Required Information:

- ☐ Virtue's Storage Tank & Environmental Impairment Renewal Application.
- ☐ Information on pending acquisitions, mergers, divestitures, or corporate name changes.
- ☐ Information on pending changes to covered locations or covered tanks.
- ☐ Information on pending tank upgrades or removals.
- ☐ Proof of updated tank integrity results, if available or unless otherwise requested.
- ☐ Updated Phase I Environmental Assessments for each location, if available.
- ☐ A copy of any "No Further Action (NFA)" letter issued within the past year.
- ☐ Evidence that any previously existing contamination has been remediated to the satisfaction of regulatory authorities.
- ☐ Reports showing pre-existing contamination levels to be fully delineated and below minimum action levels.
- ☐ Groundwater monitoring reports or soil sample reports showing stable or decreasing parts per million.
- ☐ An updated SPCC plan if applicable.
- ☐ Details of any complaint, suit, or correspondence related to any public complaints or environmental and/or permit violations regarding any emission, discharge, or escape of any pollutant from any of the proposed covered Facilities to the local community.

Date Renewal Proposal Needed by: _____

APPLICANT INFORMATION

Named Insured: _____ DBA: _____

Complete Mailing Address: _____

Please answer ALL of the following questions. If you answer YES to any of these questions, proceed to page 2 and complete all pages of this application accordingly.

1) DO YOU HAVE ADDITIONAL TANKS or LOCATIONS INSURED BY ANOTHER CARRIER?
☐ No ☐ Yes IF YES, PROVIDE DETAILS:

_____

_____

2) CHANGE IN COVERAGES AND TERMS	☐ No	☐ Yes	If Yes, see Item 1 on following pages.
3) CHANGE IN APPLICANT INFORMATION	☐ No	☐ Yes	If Yes, see Item 2 on following pages.
4) CHANGE IN COVERED LOCATIONS	☐ No	☐ Yes	If Yes, see Item 3 on following pages.
5) CHANGE IN TANKS FOR RENEWING YEAR	☐ No	☐ Yes	If Yes, see Item 4 on following pages.
6) CHANGE IN REGULATORY COMPLIANCE	☐ No	☐ Yes	If Yes, see Item 5 on following pages.
7) REPORTABLE INCIDENTS OR CLAIMS	☐ No	☐ Yes	If Yes, see Item 6 on following pages.

☐ The Named Insured has **NO CHANGES** to report. If **NO CHANGES,** submit page 1, 4 and 5 only.
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REPORTABLE CHANGES: Parts 1 through 6

RENEWAL APPLICATION FOR STORAGE TANK & ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE

PART 1 -- CHANGE TO COVERAGE AND TERMS (check all that apply)

UST FINANCIAL RESPONSIBILITY	ABOVEGROUND STORAGE TANKS	FIXED SITE COVERAGE
☐ BODILY INJURY	☐ BODILY INJURY	☐ BODILY INJURY
☐ PROPERTY DAMAGE	☐ PROPERTY DAMAGE	☐ PROPERTY DAMAGE
☐ CORRECTIVE ACTION	☐ CLEAN UP COSTS	☐ CLEAN UP COSTS

Proposed Effective Date: _____ Desired Policy Term: _____

Limits of Liability: _____ Retroactive Date: _____

Requested Deductible: ☐ $5,000 ☐ $10,000 ☐ $25,000 ☐ Other: $_____

PART 2 -- CHANGE IN APPLICANT INFORMATION

Named Insured: _____ FEIN: _____ Date Established: _____

DBA: _____ Web Site: _____

Complete Mailing Address: _____

Contact Name/ Title / Phone: _____

Description of Operations & Industries Served: _____

_____

PART 3 -- CHANGE IN LOCATIONS TO BE COVERED TOTAL NUMBER OF FACILITIES: _____

ATTACH ADDITIONAL PAGES TO ANSWER QUESTIONS BELOW, IF NECESSARY:

A. Has there been any operational change to any covered location during the last coverage period? ☐ Yes ☐ No

B. Is any location referenced below the subject of a property transfer within the next 12 months? ☐ Yes ☐ No ☐ Possible

C. Has any location referenced herein been or will it be the subject of a change in operations in the foreseeable future? ☐ Yes ☐ No.

_____

_____

D. Is there any recent remedial action or investigation taking place at any location referenced herein? ☐ Yes ☐ No

If Yes, describe: _____

_____

E. For all locations listed, provide a brief description of any pollution or environmental incidents or known circumstances within the past year that may give rise to an environmental liability claim. Attach additional pages if necessary: _____

_____

F.	Facility Name to Be Insured, Address, State & Zip Code	Brief Description of Operations	Owned?	Operated by Owner?
1.				
2.				
3.				
4.				

(List additional facilities on separate page if necessary)

PART 4 -- CHANGE IN TANKS ☐ N/A

A. Are there any pending or planned changes to owned or operated tanks? ☐ No ☐ Yes ☐ Possible
Are there any pending or planned upgrades to owned or operated tanks? ☐ No ☐ Yes ☐ Possible
Are there any pending or planned tank upgrades, temporary closures, closures or removals. ☐ No ☐ Yes ☐ Possible

Explain: _____

_____

B. Has there been a change to Owned or Operated Storage Tanks ☐ Yes ☐ No If yes, provide details on list below.

New Total Number of UST's _____ New Total Number of AST's _____

AST or UST	Tank ID	Year Installed	Capacity	Construction Material	Contents	Leak Detection	Date Last Inspected	Type of Containment

PART 5 -- REGULATORY COMPLIANCE ☐ N/A

A. Have there been any Regulatory Compliance citations or permit violations in the past year. ☐ Yes ☐ No If yes, list below.

If yes, check all that apply and advise at which locations: _____

_____

☐ Financial Responsibility ☐ NOV ☐ Consent Order ☐ Public Complaints ☐ Law Suits

If necessary, attach a description detailing all violations, the steps taken to come into compliance, and the final outcome of the violation.

PART 6 – REPORTABLE INCIDENTS OR CLAIMS ☐ N/A

A. Has the Facility, during the last year, 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 below.

_____

_____

_____

_____

_____

_____

_____

B. Has the Facility, during the last year, been sued or requested to pay any damages or to perform any cleanup activities with respect to any actual or alleged pollution incident either on the Facility grounds or to an offsite party or location? ☐ Yes ☐ No
If yes, provide details: _____

_____

_____

_____

_____

C. List all potentially new environmental incidents not reported over the past year ☐ No Losses

Date	**Amount**	**Description of Loss**

FRAUD WARNINGS

FRAUD WARNING: 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. **(Not applicable to Oregon.)**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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 policy holder 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 Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 of the third degree.

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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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: 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 RHODE ISLAND 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK FRAUD WARNING: 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

COVERAGE NOTICE:

This Application is for a CLAIMS MADE AND REPORTED POLICY. The Policy does not cover CLAIMS that took place prior to the Retroactive Date. This Policy only covers CLAIMS properly reported to the Company during the POLICY PERIOD or by the end of any EXTENDED REPORTING PERIOD. All coverage afforded by this policy ceases upon the termination of the policy and the AUTOMATIC EXTENDED REPORTING PERIOD (up to 180 days) unless the Insured purchases the OPTIONAL EXTENDED REPORTING PERIOD (up to 36 months). During the first several years of the claims-made relationship, claims-made rates are comparatively lower than occurrence rates, and that the insured can expect substantial annual premium increases, independent of overall rate level increases, until the claims-made relationship reaches maturity.

The undersigned applicant represents and warrants that the above statements and facts are true, complete and accurate and that the information contains no material misrepresentation of facts, and that no facts have been suppressed or misstated. All written statements and materials furnished in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Completion of this Application form does not bind coverage. Applicant's acceptance of the insurance company's quotation is required prior to binding coverage and policy issuance. The individual signing below represents that the answers provided herein are based on personal knowledge or a reasonable inquiry and/or investigation.

I acknowledge by signature to this Application that if I choose to cancel my Policy, the return premium will be calculated subject to a minimum earned premium or subject to a short rate penalty, whichever is greater.

Signature: _____ Title: _____

Name: _____ Date: _____

(Please print)

Name of Insurance Agent of Broker:

License Number:

Signature of Insurance Agent or Broker:

Date: