



PRAIRIE STATE INSURANCE COOPERATIVE (PSIC)

Ironshore Environmental

Site Pollution Incident Legal Liability Select (SPILLS) – EDU 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: _____
 Mailing Address: _____

| | Year | Enrollment |
|--------------|------|------------|
| Current Year | | |
| Prior Year | | |

1. Is the applicant interested in receiving loss control support and/or training services provided by Ironshore? ____ Yes ____ No. If yes, please provide an email address for the facility manager or other appropriate contact.

Email Address: _____

2. Does the applicant hold any property, i.e. vacant land, for development? ____ Yes ____ No. If yes, please explain: _____

3. Does the applicant anticipate any development or renovation activities during the policy period? ____ Yes ____ No. If yes, please explain: _____

4. Age of Covered Property/School District: _____

INDOOR AIR QUALITY:

1. Have any water or indoor air quality related construction/maintenance defects been encountered (including but not limited to HVAC system problems, leaks in the roof, windows, or siding, as well as broken plumbing or sewer backups)? ____ Yes ____ No. If yes, please summarize issue and how they were addressed. _____

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2. Does the applicant have a mold/microbial matter operations and maintenance (O&M) plan and/or water intrusion O&M plan? ____Yes ____No. If yes, please provide a copy.
 3. Have any Indoor Air Quality (IAQ) /mold inspections or evaluations been done at a proposed location? ____Yes ____No. If yes, please provide a copy.
 4. Have any complaints ever been made by a third party relating to indoor air quality, mold, or legionella problems at a proposed location? ____Yes ____No. If yes, please explain fully and include cause of loss, mitigation of loss and any costs associated with the loss. _____
 5. Do you have a formal process in place to document and track IAQ and/or mold complaints? ____Yes ____No. If yes, please provide details. _____
 6. Do you have employees on-site and dedicated to the management of the proposed locations? ____Yes ____No. If yes, have the employees undergone specific training with regards to IAQ and/or mold? ____Yes ____No.
 7. Have any of the proposed locations had an IAQ and/or mold problem that cost more than \$25,000 to remediate? ____Yes ____No. If yes, please provide details. _____
 8. Does the applicant have protocols in place specific to when the schools are not in session to inspect and maintain the facilities? ____Yes ____No. If yes, please provide a copy.
 9. Do any of the proposed locations have poured rubberized or polyurethane floors in any gymnasiums or other recreational areas? ____Yes ____No. If yes, please provide details. _____
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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: _____

4. Do any of the UST/ASTs require financial assurance? ____YES ____NO.

PER/POLYFLUOROALKYL SUBSTANCES (PFASs)

1. Have any PFASs¹, or any materials or products that may have contained any PFASs, ever been manufactured, used or stored at any Covered Property? ____YES ____NO. If yes, please provide details. _____

AQUEOUS FILM FORMING FOAM (AFFF)

1. Do any operations conducted, or any materials stored used or manufactured at any Covered Property have fire suppression requirements other than water? ____YES ____NO If yes, please provide details. _____

2. Have any AFFF fire suppressants ever been used or stored at any Covered Property? ____YES ____NO. If yes, please provide details. _____

3. Have there been any fires at a Covered Property that used an AFFF based fire suppressant to extinguish the fire? ____YES ____NO If yes, please provide details. _____

4. Are there any mutual aid groups or third-party contracts utilized for fire response at any Covered Property? ____YES ____NO If yes, please provide details. _____

5. Have there ever been any fire training exercises that used AFFF performed at any Covered Property? ____YES ____NO If yes, please provide details. _____

ONSITE WELLS

1. Are there any water wells located at any Covered Property, including but not limited to potable or irrigation wells? ____YES ____NO

¹ PFAS means any perfluoroalkyl or polyfluoroalkyl substance, including but not limited to perfluoroalkyl acids (PFAAs), perfluorooctanoic acid (PFOA), perfluorooctane sulfonate (PFOS), perfluoroheptanoic acid (PFHpA), perfluorononanoic acid (PFNA), perfluorohexanesulfonic acid (PFHxS), GenX, “C8”, “ADONA,” perfluoroalkane sulfonyl fluoride (PASf), perfluorobutanesulfonic acid (PFBS), polytetrafluoroethylene (PTFE), perfluoropolyethers (PFPEs), fluoropolymers, perfluorononanoic acid, ammonium perfluorooctanoate, or any associated salts, acids, alcohols, precursor chemicals or related higher homologue chemicals
 IE.APP.SPILLS.EDU.001 (11/21)

CLAIMS / WARRANTY STATEMENTS:

A. 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: ____

B. 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. _____

2. Does the applicant know whether any PFASs, or any materials or products that may have contained any PFASs, have ever been manufactured, used or stored at any Covered Property? ____NO ____YES If yes, please explain. _____

3. Does the applicant know of any fires or fire training exercises during which AFFF based fire suppressants were used at any Covered Property? ____NO ____YES If yes, please explain. _____

IT IS AGREED BY THE APPLICANT (AND THE ENTITY(IES) REQUESTING COVERAGE) THAT THE PARTICULARS AND STATEMENTS MADE IN THIS APPLICATION, TOGETHER WITH ALL ATTACHMENTS TO THIS APPLICATION AND ANY OTHER MATERIALS SUBMITTED TO THE INSURER (ALL OF WHICH ATTACHMENTS AND MATERIALS SHALL BE DEEMED ATTACHED TO THE POLICY AS IF PHYSICALLY ATTACHED THERETO), SHALL BE THE REPRESENTATIONS AND WARRANTIES OF THE APPLICANT (AND THE ENTITY(IES)REQUESTING COVERAGE) AND SHALL BE DEEMED TO BE MATERIAL TO THE ACCEPTANCE OF THE RISK OR THE HAZARD ASSUMED BY THE INSURER UNDER THIS POLICY. IT IS FURTHER AGREED BY THE APPLICANT (AND THE ENTITY(IES)REQUESTING COVERAGE) THAT THE PROPOSED POLICY, IF ISSUED, IS ISSUED IN RELIANCE UPON THE TRUTH AND ACCURACY OF SUCH REPRESENTATIONS AND WARRANTIES WHICH ARE INCORPORATED INTO AND MADE A PART OF SUCH POLICY.

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.

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

ACKNOWLEDGEMENT OF SHARED LIMITS:

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 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 THE APPLICANT'S CLAIM, REGARDLESS OF WHETHER ANY LOSS, BUSINESS INTERRUPTION EXPENSE OR EXTRA EXPENSE HAS BEEN PAID ON SUCH APPLICANT'S BEHALF.

Applicant's signature: _____ **Date:** _____

Applicant's name (please print): _____

Title: _____

Insurance representative: _____

Name of firm: _____

Address: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

Surplus lines agent (SLA) (for the state where the named insured is domiciled): _____

Address: _____

City: _____

State, ZIP code: _____

Surplus lines license number: _____