

<p>PROPERTY DESCRIPTION: (Please attach a copy of this page for each location to be insured) Address:</p>
<p>DESCRIPTION OF OPERATIONS AT THAT LOCATION:</p>
<p>LENGTH OF OPERATIONS:</p>
<p>DESCRIPTION OF SURROUNDING PROPERTIES: (NORTH, SOUTH, EAST AND WEST)</p>
<p>ARE THERE THIRD PARTIES THAT OPERATE ON OR LEASE PORTIONS OF THE PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then please attach a list of these third parties with a description of what they do on the site.)</p>
<p>WAS THE SITE EVER USED AS A WASTE DISPOSAL FACILITY, WHETHER PERMITTED OR NOT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then please complete the Waste Disposal Facility supplement.)</p>
<p>DOES THE SITE HAVE ANY UNDERGROUND STORAGE TANKS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you want coverage for these tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then please complete the UST supplement.)</p>
<p>DOES THE SITE HAVE ANY ABOVEGROUND STORAGE TANKS THAT STORE MORE THAN 1,000 GALLONS OF LIQUIDS? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then please complete the AST supplement and attach the site's Spill Prevention, Control and Countermeasure plan.)</p>
<p>DOES THE SITE STORE OR TREAT ANY HAZARDOUS MATERIALS? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then please complete the attached Hazardous Materials supplement.)</p>

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 act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statement set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

(Signature)

(Title)

(Date)