



GOLF – COUNTRY CLUBS
PREMISES ENVIRONMENTAL COVERAGE (PEC) APPLICATION

INSTRUCTIONS:

1. If additional space is required to complete an answer, please provide supporting information on your firm's letterhead and reference the application question number of the sheet.
2. This form must be signed and dated by an owner, partner, director/officer or principal of the Applicant.

SUBMISSION REQUIREMENTS

- Environmental permits or licenses such as NPDES, sewer discharge or treatment permit, hazardous waste or materials storage permit or storage tank permit
- Inventory list/quantity used of herbicides, pesticides, fertilizers, chemicals or hazardous materials
- Pesticide applicator licenses
- Most recent results of petroleum tank tightness tests, leak detection/inventory monitoring and control systems
- Any environmental audits or site assessments
- Copy of expiring environmental policy

Section I – GENERAL INFORMATION

Club Name:

Website:

Business Address:

Telephone Number:

Fax Number:

Number of Members:

Number of Holes:

Name / Contact Information of Environmental Compliance Office Manager:

Do you have a **PGA** Professional on staff? Yes No

Address of the location(s) for which you are seeking coverage:

Other Insureds to be listed on the policy and relationship to the Named Insured:

Other Insureds	Relationship to Insured/Operations

Coverage Request:

Limits and Deductible: (Please put a check next to each option you would like to see.)

<u>DEDUCTIBLE</u>	<u>EACH INCIDENT LIMIT</u>	<u>TOTAL POLICY LIMIT</u>	<u>POLICY TERM</u>
\$5,000	\$500,000	\$500,000	1 Year
\$10,000	\$1,000,000	\$1,000,000	2 Year
\$25,000	\$2,000,000	\$2,000,000	3 Year
Other:\$	Other:\$	Other:\$	Other:

Retroactive Date:

Please check the box for each coverage you would like:

- Remediation Expense from Contamination On-site
- Remediation Expense from Contamination Off-site
- Third Party Claims for Bodily Injury and Property Damage (On-site and Off-Site)
- Storage Tank Coverage
- Waste Disposal Liability
- Mold Coverage* - Please Complete Separate Indoor Air Quality and Mold Supplemental Application

Section II – PREMISES OPERATIONS

1. Club Services:

Beauty Shop	Stables	Pool / Hot Tub	Child Care
Hunting / Skeet Ranges / Trap Ranges		Hotel / Guest Quarters	Marina / Watercraft
2. Golf Carts fueled by:

Propane	Gas	Electric
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3. Are cart / mobile equipment batteries stored in dedicated area designed for storage of batteries? Yes No
4. Is there any surface water on your property? Yes No
5. If yes, what kind (lined pond, intermittent stream, river, etc.)?
6. Are there any potable water wells on the site? Yes No
 If yes, is water tested annually? Yes No
 Do the results meet federal, state, and local standards? Yes No
7. Is there any third party drinking water wells located within a ½ mile of your location? Yes No
8. Do you have any environmental permits or licenses such as NPDES, sewer discharge or treatment permit, hazardous waste or materials storage permits, storage tank permit? Yes No
9. Sewage is treated by:

septic system	on-site waste water treatment plant	municipal sewer system
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10. For on-site septic or waste water treatment plant only:
 - a. The system discharge to:

Septic tank	Leach field	Spray field	Aeration pond
Stream	Pond	Municipal sewer system	Other:
 - b. Is there any piping connecting to areas storing hazardous substances? Yes No
 - c. Do you process waste water for parties other than the golf club? Yes No
 If yes, who and what is the annual volume?

11. Chemical Usage
- a. Do you have certified and/or licensed pesticide / herbicide applicators on staff? Yes No
- b. Does the club apply pesticides, herbicides, or fertilizers to its golf course grounds or is that service provided by a contractor?
If contracted out, does the club obtain certificates of insurance confirming pollution liability coverage from all contractors? Yes No
- c. Chemical Storage:
- i. Do you have complete and reconcilable inventory records kept for all chemicals? Yes No
- ii. Do you have a dedicated storage room or building for hazardous materials? Yes No
- iii. Does this area have floor drains? Yes No
- iv. Does this area have secondary containment? Yes No
- v. Do you display Material Safety Data Sheets for all hazardous substances in the storage area? Yes No
- vi. Do you have standard operating procedures in the event of a spill? Yes No
- vii. Do you have personnel trained in spill response and spill response equipment in the event of a spill? Yes No
12. Historic Information:
- a. Have any of the following operations ever been conducted within the property grounds?
Automobile servicing Landfill Petroleum storage or distribution
Dry cleaning Recycling Waste treatment or storage
- b. Are there any abandoned tanks or equipment at the site? Yes No
If yes, have they been closed in accordance with the regulation? Yes No
- c. Do you have any environmental site assessments or questionnaires that have been performed for the site(s) where you would like coverage? Yes No
If yes, please attach.
13. Are there any anticipated changes in use or construction at the location during the policy period? Yes No
If yes, please describe:

Section III – STORAGE TANKS

Please utilize the table below to provide information about your storage tanks and attach pictures of the tanks and copies of any results of tank tightness testing, leak detection or inventory monitoring and control systems.

1. Are all of your tanks in compliance with the applicable regulations? Yes No
If no, please provide details:

Location and Tank ID Number	UST	AST	Size (gallons)	Age	Construction (type of material and single wall or double wall)	Contents (specify material)	Leak Detection Prevention Method (specify method)	Containment (ASTs only)	Piping **see key below
								Diked: Yes No Construction:	
								Diked: Yes No Construction:	
								Diked: Yes No Construction:	
								Diked: Yes No Construction:	
								Diked: Yes No Construction:	
								Diked: Yes No Construction:	
								Diked: Yes No Construction:	

(UST means underground storage tank. AST means above-ground storage tank.)
****Piping Key:** P= pressure flow, S= suction flow, DBW =double wall, SW=single wall, N/A –none

Section IV – WASTE MANAGEMENT

TYPE OF WASTE MATERIAL	ESTIMATED QUANTITY	METHOD OF TRANSPORTATION	DISPOSAL COMPANY / WASTE SITE (Landfill/Recycling Site)
Household Trash Vehicle Maintenance Fluids Hazardous Materials/Waste Other (Specify):	_____per Month Quarter Year	Own vehicles Third Party Carrier (Specify):	By:
Household Trash Vehicle Maintenance Fluids Hazardous Materials/Waste Other (Specify):	_____per Month Quarter Year	Own vehicles Third Party Carrier (Specify):	By:
Household Trash Vehicle Maintenance Fluids Hazardous Materials/Waste Other (Specify):	_____per Month Quarter Year	Own vehicles Third Party Carrier (Specify):	By:

Section V – COVERAGE HISTORY (All Applicants must complete this section)

1. Have you had or do you currently have any environmental insurance in place? Yes No
If yes, provide information below and include a copy of the policy:

Carrier	Limit	Deductible	Policy Term	Premium
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

2. With respect to the above coverage, has any Underwriter refused, canceled, or non-renewed coverage? **(Not applicable in Missouri)** **If yes, provide details:** Yes No

3. In the past five (5) years:
a. Have you been required to do any remediation at the location for which you are seeking coverage? **If yes, please describe:** Yes No

- b. Have there been any reportable discharges or releases of any hazardous substances or pollutants at or from any locations for which you are seeking coverage? **If yes, please describe:** Yes No

- c. Have there been any claims made against you resulting from the actual or alleged release of pollutants at, on, under, or from the site for which you are seeking coverage? **If yes, please provide details:** Yes No

4. Are you aware of any fact or circumstance that could reasonably be expected to result in a claim arising from a release to the environment from the site for which you are seeking coverage? Yes No

No application will be accepted unless signed by the Applicant

The applicant warrants that all answers to the questions on this application are true and correct. 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 any facts thereto, commits a fraudulent insurance act, which is a crime.

Application Addendum

Philadelphia Insurance Companies or its authorized representatives is hereby authorized to conduct such inquiries as necessary to verify all information contained in this application. Authorization is also given to obtain a personal credit report on the principal of the company.

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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 AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: 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.

APPLICABLE IN NEW YORK: 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)