

# ▼ DONALD GADDIS CO., INC.

WHOLESALE INSURANCE BROKERAGE

Send to: [submissions@gaddiscompany.com](mailto:submissions@gaddiscompany.com)  
 (312)853-0071 | [www.gaddiscompany.com](http://www.gaddiscompany.com)

## DRY CLEANERS ENVIRONMENTAL IMPAIRMENT LIABILITY APPLICATION

### NOTICE TO APPLICANTS

This application is for a Claims-Made policy. 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.

### SECTION I: GENERAL APPLICANT INFORMATION

1. Name of Applicant (First Named Insured): \_\_\_\_\_
2. Name(s) of Dry Cleaning Facility(ies): \_\_\_\_\_
3. Form of Ownership:  Individual  Partnership  Corporation  Other (describe) \_\_\_\_\_
4. Are the Sites:  Owned  Leased
- 5a. Complete Mailing Address: \_\_\_\_\_
- 5b. Applicants E-Mail Address : \_\_\_\_\_

### SECTION II: FACILITY INFORMATION

**Complete this section for each facility/location. Attach additional sheets as necessary. All questions must be answered completely.**

1. Complete Physical Address of Dry Cleaning Facility: \_\_\_\_\_
  2. Estimated Gross Annual Sales (including work from drop off locations): \$ \_\_\_\_\_
- |  |   |
|--|---|
| 3. Policy Limits Desired:<br>Policy limits are Each Environmental Impairment Incident / Environmental Impairment Aggregate<br><input type="checkbox"/> \$500,000/\$500,000<br><input type="checkbox"/> \$500,000/\$1,000,000<br><input type="checkbox"/> \$1,000,000/\$1,000,000<br><input type="checkbox"/> Other**(please specify) _____ | 4. Deductible*Desired:<br><input type="checkbox"/> \$5,000<br><input type="checkbox"/> \$10,000*<br><input type="checkbox"/> Other**(please specify) _____<br>*For deductibles of \$10,000 and greater, gross annual sales must exceed \$300,000 and financial statements are required. |
|--|---|
5. How many years has this site operated as a dry cleaner? \_\_\_\_\_
  6. How many years have you been in business at this location? \_\_\_\_\_
  7. If your answer to question 6 is less than two years, please list prior experience. \_\_\_\_\_

8. For each machine on premises, please complete the following (Please attach a separate sheet if necessary):

Age of machine (Years)	Generation of machine (3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , etc.)	Type of solvent in machine (PERC, DF-2000, etc.)	Quantity of solvent in machine (Gallons)	Machinery Manufacturer and Model Number
a.				
b.				
c.				

9. Are all machines Closed Loop (solvent vapors are re-circulated through a refrigerated condenser or an approved vapor recovery system)?  Yes  No

10. Are all machines Dry to Dry (washing and drying are both performed in the same single unit)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do all machines have secondary containment (example, a pan beneath the machine)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all machines Non-Vented (machine does not vent anything to the atmosphere in any way) If <u>No</u> , do you have an air permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>Yes</u> , please include a copy of the air permit with this application.				<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do all machines have well maintained refrigerated condensers operating at no greater than 45 degrees Fahrenheit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you handle any waste sludge on site? If yes, please describe: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
15. How is wastewater handled from your separator and vacuum presses? <input type="checkbox"/> Evaporated in a fully maintained professional waste water treatment system with the appropriate filters. Ie: Galaxy, Safety Kleen, etc. <input type="checkbox"/> Disposed by a licensed hazardous waste hauler? <input type="checkbox"/> Other (please describe) _____				
16. List all chemicals (new or waste) stored at your location (such as PERC, chlorine, acetone cleaning solvents, etc.) in quantities of <b><u>MORE THAN 1 GALLON.</u></b>				
CHEMICAL (Name)	QUANTITY (gallons)	STORAGE VESSEL (Drum, plastic container, etc)	WHERE STORED (Cabinet, floor, etc)	ARE THE CHEMICALS SECONDARILY CONTAINED?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Do you have floor drains?				<input type="checkbox"/> Yes <input type="checkbox"/> No
18. If you answered "yes" to question 17, do the floor drains have berms? Note: A berm is a mounded structure to prevent releases of liquid on the floor from going into your drains.				<input type="checkbox"/> Yes <input type="checkbox"/> No
19. If you answered "yes" to question 17, where do floor drains discharge? <input type="checkbox"/> Holding Tank <input type="checkbox"/> Municipal Sewer <input type="checkbox"/> Other (please describe) _____				
20. Do you dispose of anything into the floor drains or any other drains? If yes, please describe. _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Describe floor covering in processing area(s) of facility (i.e., epoxy, resin, tile, bare concrete). _____				
21. Describe your inspection process /servicing procedures (i.e., is this work self performed or subcontracted to a 3rd party?): _____				
22. Do you use a hazardous waste transporter to remove waste products from your site?				<input type="checkbox"/> Yes <input type="checkbox"/> No
23. What is the name and permit number of your hazardous waste transporter? Name: _____ Permit Number: _____				
24. Do you have a certificate of insurance for your hazardous waste transporter on file? If yes, please provide a copy.				<input type="checkbox"/> Yes <input type="checkbox"/> No

25.	Do you maintain a waste disposal log and keep copies of your waste manifests on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	What are your State and/or Federal EPA ID Numbers for your facility? If not required, please indicate. State EPA ID: _____ Federal EPA ID: _____	
27.	Contact person at the dry cleaning store for the inspection:  Name: _____ E-Mail address: _____ Phone Number: _____ Fax Number: _____	

**SECTION III: GENERAL INFORMATION (Attach a separate sheet if necessary).**

28.	Has there ever been any contamination at your facility (ies) or on the property (ies) during your tenancy, operation and/or ownership of the facility (ies)/property (ies). <i>If yes, please describe:</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Has there ever been any contamination at your facility (ies) or on the property (ies) prior to your tenancy, operation and/or ownership of the facility (ies)/property (ies)? <i>If yes, please describe:</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Are you aware of any waste materials that have been disposed of or buried on your property (ies) or nearby property (ies)? <i>If yes, please describe:</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Has your facility ever had a leak, spill, release or discharge of any kind of any solvents, hazardous substances, or petroleum products during your tenancy? <i>If yes, please describe:</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
32.	Has your facility ever had a leak, spill, release or discharge of any kind of any solvents, hazardous substances, or petroleum products prior to your tenancy, operation and/or ownership of the facility (ies)/property (ies)? <i>If yes, please describe:</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Are all facilities that are referenced as a part of this application in compliance with all current Federal, state, and local environmental laws and regulations? (for example: equipment, licensing, permitting, state dry cleaning fund requirements and/or contributions, notification, waste disposal, worker safety, etc.) <i>If no, please describe:</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
34.	Have you ever been a party to any pollution-related claims, lawsuits citations, or complaints? <i>If yes, please describe:</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>35. Are there any environmental violations, environmental damage, or liens on any property contemplated under this application?  <i>If yes, please describe:</i></p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>36. Have you ever received a citation from any regulatory agency, at any time?  <i>If yes, please describe:</i></p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>37. Have you ever at anytime been prosecuted for violation of any law, regulation, or ordinance related to a release from the site of any substance into sewer, watercourse, and air or onto land?  <i>If yes, please describe:</i></p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>38. Has any claim, demand, suit or incident report been made at any time related to a pollution release from the site?  <i>If yes, please describe:</i></p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>39. Are you aware of any circumstances that could result in a claim or demand under this policy?  <i>If yes, please describe:</i></p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>40. Are you aware of any past or pending environmental assessment or financial due diligence that has been performed for this site?  <i>If yes, please attach a copy.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>41. Are you aware of the presence (past or present) of storage tanks on the site?  <i>If yes, please provide the information below:</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Above or Below Ground	Size (Storage Capacity in gallons)	Use (Type of material stored in the tank)	Age	Registration

**SECTION IV: ADDITIONAL INSURED INFORMATION (Attach additional sheets if necessary)**

Name of Additional Insured	Complete Address	Telephone Number	Interest (Example: landlord)
a.			
b.			
c.			

**SECTION V: PRIOR POLLUTION POLICIES**

42. Have you carried previous pollution liability insurance?  Yes  No  
*If yes, please provide the following:*

Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Effective Dates: \_\_\_\_\_ Premium: \_\_\_\_\_  
If claims made, Retroactive Date: \_\_\_\_\_ Extended Reporting period: \_\_\_\_\_

43. Please describe any claims on prior pollution policies. Attach a separate sheet if necessary.  
If none, please indicate by stating "None":  
\_\_\_\_\_

**NOTICE TO APPLICANT-PLEASE READ CAREFULLY  
REPRESENTATIONS AND WARRANTIES**

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of my knowledge and that no material fact has been omitted or misstated. 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 change, 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 to purchase or the insurer to provide the insurance. Acceptance of the applicant by the company is required prior to quotation or binding of coverage or the issuance of a policy. It is agreed that this application and the reliance upon its contents shall be the basis of the issuance of a policy and shall be attached and made part of said policy.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud or deceive any insurance company submits an application or statement of claim containing any materially false, incomplete, or misleading information may be subject to civil or criminal penalties.

**Notice To Arkansas, Minnesota, And Ohio Applicants:** Any Person Who, With Intent To Defraud Or Knowing 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, Which Is A Crime.

**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.

**Notice To District of Columbia, Maine, Tennessee, And Virginia 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 Florida Applicants:** Any Person Who, Knowingly And With Intent To Injure, Defraud, Or Deceive Any Employer Or Employee, Insurance Company, Or Self-Insured Program, Files A Statement Of Claim Or An Application Containing Any False Or Misleading Information Is Guilty Of A Felony Of 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 False Information, Or Conceals For The Purpose Of Misleading, Information Concerning Any Fact Material Thereto, Commits A Fraudulent Insurance Act, Which Is A Crime.

## RLI ENVIRONMENTAL INSURANCE

**Notice To Louisiana And 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 Civil Fines And Criminal Penalties.

**Notice To Maryland Applicants:** Any Person Who, With Intent To Defraud Or Knowing That He/She Is Facilitating A Fraud Against An Insurer, Submits An Application Or Files A Claim Containing A False Or Deceptive Statement May Be Guilty Of Insurance Fraud.

**Notice To New Jersey Applicants:** 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 Such Violation.

**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 Oregon And Texas Applicants:** Any Person Who Makes An Intentional Misstatement That Is Material To The Risk May Be Found Guilty Of Insurance Fraud By A Court Of Law.

**Notice To Pennsylvania Applicants:** 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. A Policy Cannot Be Issued Unless This Application Is Properly Signed And Dated.

**I HAVE READ AND FULLY UNDERSTAND THE QUESTIONS AND MY ANSWERS ON THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF ANY OF THE RESPONSES THAT ARE MATERIAL TO THE RISK ASSUMED (AS WELL AS ATTACHED TO THIS APPLICATION), MAY CAUSE THIS POLICY TO BECOME NULL AND VOID AND/OR MAY GIVE RISE TO RESCISSION OF THE POLICY.**

Applicant's Signature: <hr/>	Producer Name: <hr/>
Applicant's Printed Name: <hr/>	Producer Address: <hr/>
Applicant's Title: <hr/>	Producer Phone Number: <hr/>
Date: <hr/>	Producer Fax Number: <hr/>
	Producer E-Mail Address: <hr/>