



**BEAZLEY ECLIPSE
RENEWAL APPLICATION**

**Beazley USA, Inc.
30 Batterson Park Road
Farmington, CT 06032-2579**

THIS APPLICATION IS FOR A POLICY PROVIDING COVERAGE ON A DISCOVERY AND/OR CLAIMS-MADE AND REPORTED BASIS DEPENDING UPON COVERAGE AS PROVIDED IN THE DECLARATIONS. PAYMENT OF COSTS FOR DEFENSE ERODES THE LIMITS OF LIABILITY.

SUBMISSION REQUIREMENTS (PROVIDE THE FOLLOWING):

- ☒ If Attached:
- ✓ Latest audited financials with accountant's notes, including balance sheet and income statement
COPY OF MOST RECENT AUDIT WILL BE PROVIDED TO CARRIER BY SPELL JIF
- ☐ Information or reports pertaining to any pollution conditions, discharges, releases or spills that could reasonably be expected to result in claims for Damages, Claims Expenses and/or Cleanup Costs
- ☐ Information or reports pertaining to any changes or modifications to any locations listed herein, operations or use
- ☐ Copies of any recent environmental assessment reports (e.g., Phase I/II ESAs, etc.)

APPLICANT INSTRUCTIONS

1. Use the "Tab" and/or "Arrow" key(s) and/or Highlight to progress through the data entry fields.
2. Answer all the questions; leave no blank spaces.
3. If any questions do not apply or the answer is "no," indicate such.

NOTICE TO NEW YORK APPLICANTS: The Policy, for which this Application is made, is a claims made policy. Upon termination of coverage for any reason, a 90-day automatic extension period will apply. For an additional premium, a three year optional extension period can be purchased as indicated in the Declarations, except as otherwise provided herein, this Policy only applies to claims first made or incidents reported during the Policy Period, the automatic extension period or, if applicable, the optional extension period. No coverage exists for claims made after termination of coverage and the automatic extension period unless, and to the extent, the optional extension period applies. No coverage will exist after the expiration of the automatic extension period or, if purchased, the optional extension period, which may result in a potential coverage gap if prior acts coverage is not subsequently provided by another insurer. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates, and the Insured can expect substantial annual premium increases, independent of overall rate increases, until the claims-made relationship reaches maturity. The limit of liability available to pay damages or settlements shall be reduced and may be exhausted by claims expenses and claims expenses shall be applied to the deductible. The Insurer is not obligated to pay any damages and claims expenses after the limit of liability has been exhausted by payment of damages and claims expenses. Read this Policy carefully.

Fully answer all questions and submit all requested information. Terms appearing in bold face in this **Application** are defined in the Policy and have the same meaning in this **Application** as in the Policy. The terms 'you' and 'your' mean(s) **Named Insured** and "Applicant." If you do not have a copy of the Policy, request it from your agent or broker. This **Application**, including all materials submitted herewith, shall be held in confidence.

READ APPLICATION CAREFULLY AND FILL IT OUT COMPLETELY

SECTION I – GENERAL INFORMATION

1. Applicant Name (**Named Insured**): _____
- Mailing Address: _____
- Street Address: _____
- Contact: _____
- Title: _____
- Telephone: _____
- E-mail: _____
- Website: _____
2. Budget: Estimated (Ensuing Year) 2024-2025 \$ _____
- (Previous Year) 2023-2024 \$ _____

SECTION II – COVERAGE SPECIFICATIONS

1. Limit of Liability (Each Pollution Condition) **Renewal of current SPELL JIF Group Purchase**
- ☐ \$1,000,000 ☐ \$2,000,000 ☒ **\$3,000,000** ☐ \$5,000,000 ☐ \$10,000,000 ☐ Other: \$ _____
2. Limit of Liability (Aggregate for the Policy Period)
- ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$5,000,000 ☐ \$10,000,000
- ☐ Other: ☒ **\$6,000,000 Annual Aggregate Per Owner Group JIF / \$12M Policy Period**
3. Deductible (Each Pollution Condition)
- ☐ \$5,000 ☐ \$10,000 ☒ **\$25,000** ☐ \$50,000 ☐ \$100,000 ☐ Other: \$ _____
4. **Covered Location(s)** Description: **LOCATION DETAIL TO BE PROVIDED BY SPELL JIF**

Covered Location(s)	Interest	Occupied by Named Insured
Name:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Partner <input type="checkbox"/> Lender	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
Current Use:		
Prior Use: LOCATION DETAIL WILL BE PROVIDED TO CARRIER		
Proposed/planned future use: BY SPELLJIF		
Retroactive Date:		
EPA/state ID:		

5. Proposed Effective Date: **July 1, 2024 Renewal of 2023-2024 expiring**
6. Policy Term: **July 1, 2024 – July 1, 2025**
- ☒ **One Year** ☐ Three Years ☐ Five Years ☐ Ten Years ☐ Other _ Years
7. Is any location(s) listed herein in foreclosure or subject to any bankruptcy proceedings? **Yes** **No**

SECTION III – RECORD, COMPLIANCE HISTORY AND FUTURE SITE PLANS

1. Record:

- a. Have you ever been investigated, cited and/or prosecuted for contravention or violation of any standard or law relating to any release of pollutants?
☐ No ☐ Yes – Provide Details: _____
- b. Have you ever had, or has any location(s) listed herein been the subject of, any pollution-related complaints and/or claims including, but not limited to, complaints/claims by private persons, entities, government agencies or other 3rd parties?
☐ No ☐ Yes – Provide Details: _____
- c. Are you aware of any past or present contamination on, at, under or emanating from any location(s) listed herein, or any circumstances, which may reasonably be expected to give rise to a claim or generate a request for coverage under this policy?
☐ No ☐ Yes – Provide Details: _____
- d. Are you aware of any Natural Resource Damage or any threat to sensitive habitat or Endangered Species that involves in any way any location(s) listed herein?
☐ No ☐ Yes – Provide Details: _____

2. Compliance History:

- a. Have you received, or has any location(s) listed herein been the subject of, any notices of violation, fines, penalties, complaints or other enforcement actions regarding compliance with environmental laws within the past 5 years?
☐ No ☐ Yes – Provide Details: _____
- b. Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at present comply?
☐ No ☐ Yes – Provide Details: _____
- c. Have there been any past, present or planned remediation, monitoring, or sampling to investigate potential contamination?
☐ No ☐ Yes – Provide Details: _____
- d. Have any prior environmental studies, reports, or audits been prepared for the location(s) listed herein? ☐ No ☐ Yes – If yes, attach copies and explain why the work was performed.

3. Current and Future Site Plans:

- a. Are there any current or future plans to sell or sublease any location(s) listed herein?
☐ No ☐ Yes – Provide Details: _____
- b. Is there a Purchase and Sale Agreement and/or Environmental Indemnification Agreement, either draft or final, being utilized in any pending transactions? ☐ No ☐ Yes – Provide Details and copies of Agreements: _____
- c. Are there any known plans for the current or future development, improvement, betterment, demolition or plans for changes in operations at or uses of any location(s) listed herein?
☐ No ☐ Yes – Provide Details: _____
- d. Have there been any changes in operations within the past three (3) years?
☐ No ☐ Yes – Provide Details: _____

SECTION III – RECORD, COMPLIANCE HISTORY AND FUTURE SITE PLANS (Continued)

- e. Are there any planned changes in operations within the next three (3) years?
☐ No ☐ Yes – Provide Details: _____

4. Investigation, Remediation and/or Institutional/Engineering Controls:

- a. Are there any on-going or planned investigation, remediation and/or monitoring activities at or beyond the boundaries of any location(s) listed herein? ☐ No ☐ Yes – If Yes, describe:

- b. Are there any existing or planned institutional or engineering controls at or beyond the boundaries of any location(s) listed herein? ☐ No ☐ Yes – If Yes, describe:

- c. Please identify the party(ies) responsible for any such investigation, remediation and/or monitoring activities, and/or institutional or engineering controls:

- d. Are there any existing or pending no further action determinations applicable any location(s) listed herein? ☐ No ☐ Yes – If Yes, describe:

5. Water Intrusion, Mold and Legionella:

- a. Are plans or programs developed and in place for the location(s) listed herein to prevent water intrusion and/or the growth and spread of microbial matter, mold and/or legionella? (e.g., water intrusion and mold prevention/mitigation plan, etc.)? ☐ No ☐ Yes – Attach copies.
- b. Have there been or are there any current circumstances at any location(s) listed herein involving in any way any flood, water intrusion, mold, microbial matter or legionella?
☐ No ☐ Yes – If yes, explain:

- c. Are employees trained on these emergency response plans? ☐ No ☐ Yes

SECTION IV – CERTIFICATE OF OCCUPANCY AND BUILDING RENOVATION HISTORY

1. Certificate of Occupancy:

- a. Provide a separate list of each occupied building at address with the Date of the Certificate of Occupancy (CoO.) NOTE: List the oldest (original) CoO, even if there have been CoO issued for building additional/renovation.
- b. If, however, any building had a complete 'gut' renovation of the entire building (including all sections, wings and additions, that included the replacement of the entire electrical, plumbing, and HVAC systems), then provide the Date of the CoO issued after the gut renovation.

2. Central A/C System(s):

- a. Is there a central air conditioning system or systems (NOT window units) servicing the entire educational and office/administration areas of the building? ☐ No ☐ Yes

SECTION V – CLAIM AND CIRCUMSTANCE INFORMATION (FOR THE PURPOSES OF QUESTIONS 1 – 6 BELOW, “APPLICANT” INCLUDES THE ENTITY TOGETHER WITH ANY DIRECTOR, OFFICER, PARTNER OR MANAGER THEREOF)

1. Is the “Applicant” aware of any reportable spills, releases or discharges of any hazardous or regulated substance(s) or pollutant(s) occurring during the past five (5) years on, at, under or emanating from any location(s) for which this **Application** for insurance is being made?

☐ No ☐ Yes – If yes, describe in detail: _____

2. Is the “Applicant” aware of any pollution or contamination on, at, under or emanating from, or adjacent to, any location(s) for which this **Application** for insurance is being made?

☐ No ☐ Yes – If yes describe in detail: _____

3. During the past five (5) years, have there been any claims made against the “Applicant” as a result of the alleged or actual release of any hazardous or regulated substance(s) or pollutant(s) on, at, under or emanating from any location(s) for which this **Application** for insurance is being made?

☐ No ☐ Yes – If yes, describe in detail: _____

4. During the past five (5) years, has the “Applicant” been, or is currently being, prosecuted for any violation of any law or standard pertaining or relating to the threatened or actual release of any hazardous or regulated substance(s) or pollutant(s) into the environment, and/or on, at, under or emanating from any location(s) for which this **Application** for insurance is being made?

☐ No ☐ Yes – If yes, describe in detail: _____

5. Is the “Applicant” aware of any fact(s), circumstance(s), event(s) or situation(s), which could result in a claim(s) being made against it, or any other person or entity for whom coverage will be sought, arising from the threatened or actual release of any hazardous or regulated substance(s) or pollutant(s) into the environment, and/or on, at, under or emanating from any location(s) for which this **Application** for insurance is being made?

☐ No ☐ Yes – If yes, describe in detail: _____

6. Is the “Applicant” aware of or in receipt of any prior, current or pending oral, written or electronic complaint, arbitration, cause of action, claim, decree, demand, judgment, legal proceeding or litigation, which could result in a claim(s) being made against it, or any other person or entity for whom coverage will be sought, arising out of or resulting from the threatened or actual release of any hazardous or regulated substance(s) or pollutant(s) into the environment, and/or on, at, under or emanating to or from any location(s) for which this Application for insurance is being made?

☐ No ☐ Yes – If yes, describe in detail: _____

The undersigned declares that the statements set forth herein are true. For New Hampshire Applicants, the foregoing statement is limited to the best of the undersigned's knowledge, after reasonable inquiry. The signing of this **Application** does not bind the undersigned to complete the insurance. It is represented that the statements contained in this **Application** and the materials submitted herewith are the basis of the contract should a policy be issued and have been relied upon by the Insurer in issuing any policy. The Insurer is authorized to make any investigation and inquiry in connection with this **Application** as it deems necessary. Nothing contained herein or incorporated herein by reference shall constitute notice of a claim or potential claim so as to trigger coverage under any contract of insurance.

This **Application** and materials submitted with it shall be retained on file with the Insurer and shall be deemed attached to and become part of the policy if issued. For North Carolina, Utah and Wisconsin and Applicants, such **Application** and materials are part of the policy, if issued, only if attached at issuance.

It is agreed in the event there is any material change in the answers to the questions contained in this **Application** prior to the effective date of the policy, the "Applicant" will immediately notify the Insurer in writing and any outstanding quotations may be modified or withdrawn at the Insurer's discretion.

FRAUD WARNINGS

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE UNDERWRITER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

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.

NOTICE TO NEW YORK AND KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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 NEW YORK APPLICANTS SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signed: _____ **Date:** _____

Print Name: _____ **Title:** _____

Owner, Partner, Authorized Officer)

Provide the Insurance Agent's name and license number as designated.

Name of Insurance Agent

Authorized Representative