

Franchised Auto Dealers Site Specific Environmental Application

1. Named Insured: _____
(Complete name as it should appear on the policy including Inc., Corp., Ltd., Etc.)

2. Mailing Address: _____

3. Contact Name: _____ 4. Email: _____

4. Telephone: _____ 5. Website: _____

6. Gross Revenue Past 12 Months: _____

7. Limits Requested: \$1,000,000 Each Pollution Condition/\$1,000,000 Aggregate 8. Deductible Requested: \$5,000 Each Pollution Condition

9. Do you currently have environmental insurance? Yes No
If **YES**, please provide policy copy for review.

10. Have any environmental site assessments or other site investigations been performed in the past 24 months for any location to be insured?
If **YES**, attach a copy of all relevant documents. Yes No

11. Have any claims been received in the last 5 years alleging liability resulting from a pollution release at any location to be insured?
If **YES**, attach copies of all relevant correspondence relating to these matters. Yes No

12. In the past 5 years, have you received any notice of violation, fine, or penalty resulting from a failure to comply with any environmental permit or license?
If **YES**, attach copies of all relevant correspondence relating to these matters. Yes No

13. Are you aware of any current or past pollution conditions at, under, or migrating from any of the locations for which you are requesting coverage?
If **YES**, attach copies of all relevant correspondence relating to these matters. Yes No

14. Are you aware of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against you for environmental cleanup or for bodily injury or property damage arising from releases of pollutants?
If **YES**, attach copies of all relevant correspondence relating to these matters. Yes No

If the insured is interested in coverage for third party transportation pollution coverage, please complete the following:

1. For all locations to be insured, what is the approximate volume (gallons / yards / pounds / tons) of waste material for which a third party is hired to pick up and dispose of the following wastes?

Liquid shop wastes, i.e., used oil, coolant, fuel, etc.: _____

Please state if: weekly, monthly, quarterly, or yearly.

Solid shop wastes, i.e., oil filters, tires, metal, paint cans, etc.: _____

Please state if: weekly, monthly, quarterly, or yearly.

Recyclables: _____

Please state if: weekly, monthly, quarterly, or yearly.

2. If there are any waste materials not included in the above, please list: _____

Do not include waste materials which are picked up by the local municipality.

Please complete the questionnaire on page 3 for each location to be insured. If a property schedule / application with all locations is available, please also provide.

FRAUD WARNING APPLICABLE TO ALL STATES

Any person who knowingly and with intent to defraud any insurance company or another 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 stated value of the claim for each violation.

Warranty Statement

The undersigned authorized officer, owner or manager of the Applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on this application changes between the date of this Application and the effective date of the insurance, he / she (undersigned) will, for the information to be accurate on the effective date of the insurance, immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and / or authorizations or agreements to bind the insurance.

Signing of this application does not bind the applicant or the insurer to complete the insurance.

Applicant's Name (Print): _____ Title: _____

Signature: _____ Date: _____

(Must be signed by Officer, Owner, or Manager)

The operations described herein are conducted by RSG Specialty, LLC, a Delaware limited liability company based in Illinois. RSG Specialty, LLC, is a subsidiary of Ryan Specialty, LLC. RSG Specialty works directly with brokers, agents and insurance carriers, and as such does not solicit insurance from the public. Some products may only be available in certain states, and some products may only be available from surplus lines insurers. In California: RSG Specialty Insurance Services, LLC (License #0G97516). ©2023 Ryan Specialty, LLC

Supplemental Schedule – required for each location to be insured

1. Property Address: _____

2. Description of Operations at this location (Please check all that apply):

- Car / Truck sales
 Auto body repair
 General auto service
 Painting
 Car Wash

Other: _____

3. How many service bays are at this location? _____

4. If there are separate buildings at this location, please indicate how many: _____

5. How long have you operated at this site? _____

6. If you are not the original operator, how long has this site supported motor vehicle operations? _____

7. Are there any third parties that operate on or lease portions of the property? Yes No

If **YES**, please attach a list of these third parties with a description of what they do on the site.

8. Does the property have any storage tanks that can hold 100 gallons or more? Yes No

If **YES**, please provide tank schedule or complete the tank schedule below:

Above ground storage tank schedule for tanks 100 gallons or more in size (please add pages if needed)

Tank ID #	Capacity (Gallons)	Age or Date Installed	Construction Material (1)	Contents (2)

- (1) Construction Materials
 MET = Steel or other metal
 FB / S = Fiberglass or synthetic
 OTHER = Other (please specify)

- (2) Contents
 GAS = Gasoline
 SOLV = Solvents
 WO = Waste Oil
 DIESEL = Diesel Fuel
 OTHER = Other (please specify)

FRAUD WARNINGS

GENERAL: 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. **(Applicable in all states other than those listed below. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your application.)**

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: 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.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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.

DISTRICT OF COLUMBIA: 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.

FLORIDA: 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 of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other 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.

LOUISIANA: 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.

MAINE: 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.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: 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.

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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he 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.

OKLAHOMA: 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.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

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 act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND: 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.

TENNESSEE: 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.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA: 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.

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 denial of insurance benefits.

WEST VIRGINIA: 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.

The operations described herein are conducted by RSG Specialty, LLC, a Delaware limited liability company based in Illinois. RSG Specialty, LLC, is a subsidiary of Ryan Specialty, LLC. RSG Specialty works directly with brokers, agents and insurance carriers, and as such does not solicit insurance from the public. Some products may only be available in certain states, and some products may only be available from surplus lines insurers. In California: RSG Specialty Insurance Services, LLC (License #0G97516). ©2023 Ryan Specialty, LLC