

INSURANCE APPLICATION FORM

Insurance coverage under Illinois' Drycleaner Environmental Response Trust Fund is available to qualified drycleaning facilities actively engaged in drycleaning operations for the general public in the state of Illinois. This application will need to be completed and the requested documents enclosed for the Fund's review.

DO NOT COMPLETE this application if you are one of the following. These facilities are not eligible for participation in the Fund.

- | | |
|---|---|
| * Facility located on a US military base | * Industrial laundry, commercial laundry or linen supply facility |
| * Prison or penal institution | * State operated mental health facility |
| * Not-for-profit hospital or other health care facility | * Facility currently or formerly located on federal or state property |

APPLICATION PROCESS

1. Complete this application.
2. Complete a site investigation to identify soil and/or groundwater contamination from drycleaning solvents prior to issuance of insurance coverage. If you have a new facility that was built on virgin soil OR a facility that has received a No Further Remediation (NFR) letter from the Illinois Environmental Protection Agency, please contact our office to determine the site investigation requirements.
3. Current participation in an approved Council drycleaning compliance program is required.
4. Submission of an annual premium.
5. Facility must be licensed since January 1, 1998 or beginning date of operation, whichever date is later.
6. Facility must be actively engaged in drycleaning operations for the general public in Illinois.

COVERAGE LIMITS

Insurance coverage under this Fund will provide the following:

- Coverage limit of up to \$500,000 per release. Annual aggregate is \$500,000.
- Approved cleanup costs associated with soil and groundwater contamination resulting from a release of drycleaning solvent at an insured facility.
- Coverage is provided for a release that occurs only after the date of coverage begins and is reported during the policy period.
- Third-party liability coverage is **not** provided.
- Coverage for defense fees, costs and expenses is **not** provided.
- Deductible is \$10,000 per release.
- Insurance premium is fully earned upon issuance of the insurance policy.

FACILITY:

Facility Name _____ Drycleaner License # _____
Facility Address _____ City _____ State _____ Zip _____
Facility Contact Person _____ Phone # _____

OPERATOR:

Name _____ Owner of: Land _____ Buildings _____ Both _____
Mailing Address _____ City _____ State _____ Zip _____
Contact Person _____ Phone # _____
Legal Entity: Sole Proprietor _____ Corporation _____ Partnership _____ Other, explain: _____

OWNER (If Different than Operator):

Name _____ Owner of: Land _____ Buildings _____ Both _____
Mailing Address _____ City _____ State _____ Zip _____
Contact Person _____ Phone # _____
Legal Entity: Sole Proprietor _____ Corporation _____ Partnership _____ Other, explain: _____

CORRESPONDENCE: Information regarding this application should be sent to: Owner _____ Operator _____

MORTGAGEE: (Optional. If you list a Mortgagee, it will be named as additional insured and be notified of policy renewals and/or cancellations.)

Name _____
Mailing Address _____ City _____ State _____ Zip _____

SITE INFORMATION

1. Are you actively operating a drycleaning machine for the general public in Illinois? Yes _____ No _____ If no, you are not eligible to apply for insurance coverage.

2. Are there any drycleaning units not in use or temporarily out of use at this location? Yes _____ No _____

If yes, please indicate the date each unit was taken out of service, why it was taken out of use, if each unit is empty of drycleaning solvent, and whether you plan to put the unit back into use and when:

3. Site Conditions.

A. Distance in feet to nearest building off premises:
Less than 500 ft. _____
500 – 1000 ft. _____
over 1000 ft. _____

B. Distance in feet to nearest water well:
Less than 500 ft. _____
500 to 1000 ft. _____
over 1000 ft. _____

C. Distance in feet to nearest water/sewer main:
Less than 500 ft. _____
500 to 1000 ft. _____
over 1000 ft. _____

D. Is the property located in a:
Residential area _____
Commercial area _____
Industrial area _____

4. Enclose a diagram of the facility, showing the location of the building, drycleaning units, stored drycleaning solvents, stored hazardous waste containers, containment area, floor drains, underground or aboveground storage tanks, etc. If you know where the sewer and water lines are located, please show this on the diagram.

Please identify the businesses that are adjacent to and/or within 250 ft of your facility. List their name and type of business they operate.

Enclosed for your reference is an example diagram (see Page 6).

5. What type of hazardous waste generator facility is this? Please mark one below.

- _____ Conditionally exempt small quantity generator (CESQG) – those that generate less than 220 pounds (100 kilograms) per month of hazardous wastes.
_____ Small-quantity generators (SQG) – those that generate 220 pounds to 2,200 pounds (100 to 1,000 kilograms) per month of hazardous wastes.
_____ Large-quantity generators (LQG) – those that generate more than 2,200 pounds (over 1,000 kilograms) per month of hazardous wastes.

Is the facility operating according to the requirements for the type of hazardous waste generator facility that is marked above? Yes _____ No _____

6. Does the facility participate in and meet all requirements of a drycleaning compliance program approved by the Council? Yes _____ No _____ If yes, please provide the name of the program and documentation of participation:

(Note: If no, the facility must participate in a Council approved compliance program to obtain insurance coverage.)

Is the facility complying with all requirements in the compliance program? Yes _____ No _____ If no, please explain what requirements are not being met and why: _____

7. Does the unit have an Illinois EPA air operating permit? Yes _____ No _____ If yes, please mark the type below and provide a copy of the air permit:

- _____ Lifetime operating permit _____ Clean air act permit program
_____ Federally enforceable state operating permit

Are all units being operated according to the requirements of the permit? Yes _____ No _____

8. Please provide the volume of clothes drycleaned (do not include wetcleaning volume) at this facility during the most recent full calendar year (January to December): _____ (in tons)

9. Have you completed the online Environmental Best Management Practices for Perc Drycleaners course? Yes _____ No _____ If no, you can complete the course online for free at www.cleanupfund.org. If you do not have access to the internet, you can request a free hard copy of the course by calling the Fund at 800-765-4041, ext. 2. It is required that you have completed the course to obtain insurance coverage. Please note that a "refresher" course will need to be completed every four (4) years.

10. Please provide a complete copy of the Phase I Site Assessment and Focused Phase II Site Investigation Report for this facility.

11. Have you ever reported a release (e.g. spill or leak) at this facility to the Illinois Emergency Management Agency or the Illinois Environmental Protections Agency? Yes _____ No _____ If yes, please explain when, what and the current status of cleanup: _____

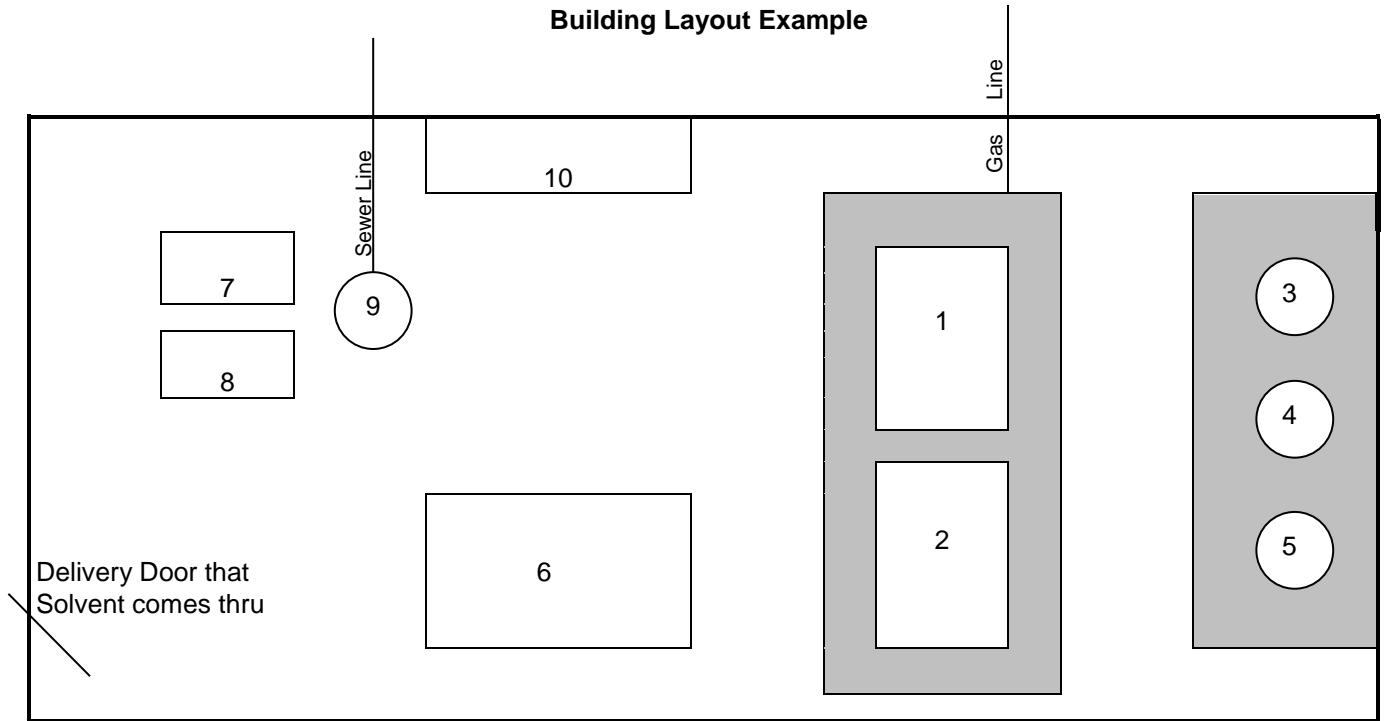
If no, are you aware of a release (e.g. spill or leak) that has occurred at this facility which would impact soil and groundwater? Yes _____ No _____ If yes, please explain when, what and the current status of cleanup: _____

12. DRYCLEANING UNITS	UNIT 1	UNIT 2	UNIT 3	UNIT 4	UNIT 5
A. When was each unit installed?					
B. Was the unit new at installation? Yes or No If no , list unit age at time of installation.					
C. Indicate the drycleaning solvent currently used in each unit (C - Chlorine-based, P - Petroleum-based, Other – explain)					
D. Indicate what type of unit it is: (<u>Dry to Dry</u> – you use one machine to wash and dry fabrics, <u>Transfer</u> – you use a separate washer and dryer, <u>Other</u> – please explain. Attach separate sheet if additional space is necessary)					
E. Indicate what type of machine it is – see enclosed flyer: (Petroleum-based = Type I or Type II) (Chlorine-based = 1 st Generation, 2 nd Generation, 3 rd Generation, 4 th Generation, or 5 th Generation)					
F. What is the average amount of drycleaning solvent used per month in each unit? (in gallons)					
G. Does the unit have a pollution control mechanism on it? (R – refrigerated condenser, C – carbon absorber, B – both, O – other, explain.)					
H. What is the size of each unit? (Please provide in lbs of clothes what each unit holds per cycle.)					
13. POLLUTION PREVENTION MEASURES					
A. Does the unit have a containment dike or structure around each unit OR the entire drycleaning area in which any drycleaning solvent is utilized, which is capable of containing a spill or leak? Yes or No					
B. Is the surface of the diked floor on which drycleaning solvent may leak, spill, or otherwise be released, sealed or impervious? Yes or No					
C. Do you conduct regular visual inspections of the unit, solvent containers, waste containers and other areas where the solvent or waste is located? Yes or No (If yes, please provide the last 12 months of records.)					
D. Are all repairs done timely and a log kept of all repairs? Yes or No (If yes, please provide the last 12 months of records).					
E. Is all drycleaning solvent delivered to the facility by means of closed, direct-coupled delivery system? Yes or No					
14. HAZARDOUS WASTE					
A. Does the site maintain drycleaning solvent hazardous waste in approved containers which are labeled “hazardous waste” and properly dated? Yes or No					
B. Are the hazardous waste containers in secondary containment? Yes or No If yes, please provide the size in gallons of your hazardous waste containers and the size of your secondary containment, in gallons. If no, you will need to add secondary containment or seal the floor of the room that holds these containers.					

The Fund is a state fund administered by the Drycleaner Environmental Response Trust Fund Council of Illinois through Williams & Company, a private contractor.

EXAMPLES OF DIAGRAM LAYOUT

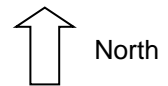
Building Layout Example



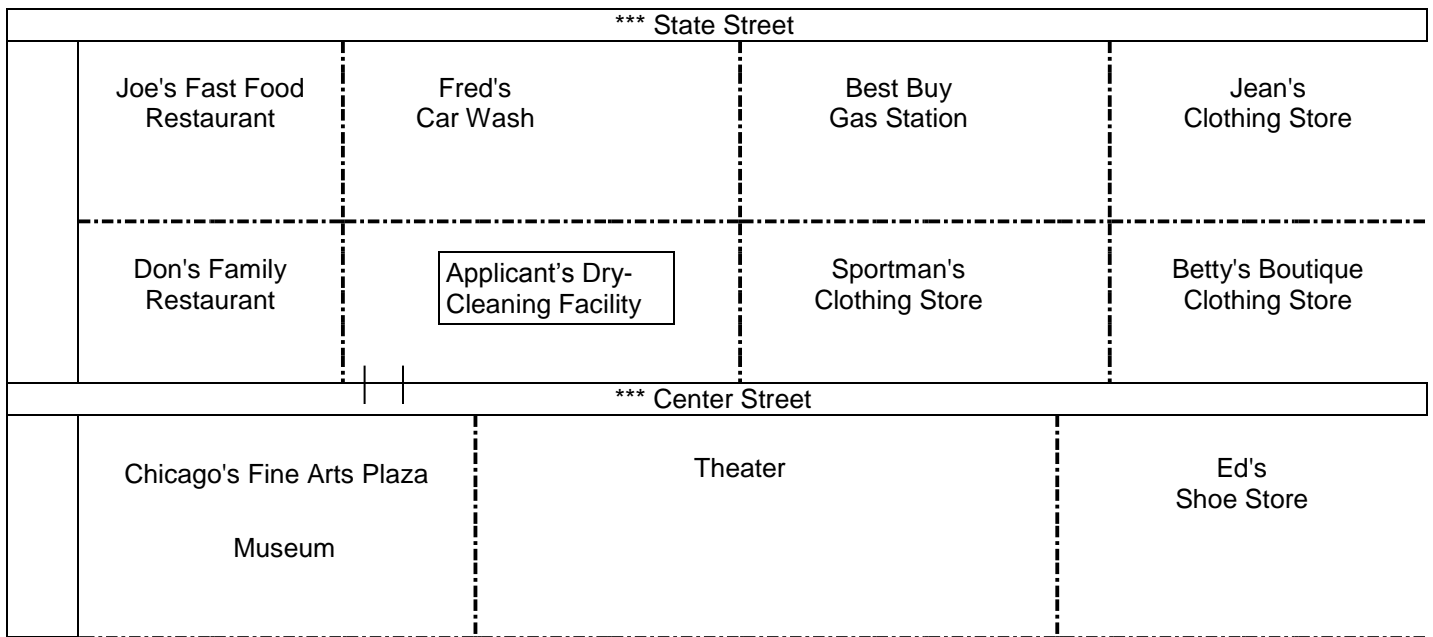
- 1 = Perc, 30 lb. Drycleaning unit
- 2 = Perc, 45 lb. Drycleaning unit
- 3 = Used Filter Container (10 gallons)
- 4 = Hazardous Waste Container (25 gals)
- 5 = Wastewater Container (5 gallons)
- 6 = Spot Removal/Chemical Area
- 7 = Wet laundry machine
- 8 = Wet laundry machine
- 9 = Floor drain
- 10 = Other Solvent/Chemical Storage

■ = Diked Area with impervious floor

1 inch = 50 feet



250 Feet Area Surrounding Building Example



1/8 inch = 50 feet

*** Water & Sewer lines run under streets