

X. Environmental Survey

Please answer the following questions to the best of your ability. Complete one survey for each property, if applicable. If you place a checkmark or answer "Yes" to any of them, attach a detailed explanation.

Address: _____

Check the corresponding box if the property has been used in the past or is being used presently for manufacturing, packaging, processing, storage, repair or rehabilitation of any of the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Paint | <input type="checkbox"/> Furniture | <input type="checkbox"/> Pulp or Paper Products |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Explosives | <input type="checkbox"/> Glass Products |
| <input type="checkbox"/> Wood Preservation | <input type="checkbox"/> Petroleum Products | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Rubber Products | <input type="checkbox"/> Textiles or Plastics | <input type="checkbox"/> Motor Vehicles or Parts |
| <input type="checkbox"/> Metal Products | <input type="checkbox"/> Fertilizer | <input type="checkbox"/> Jewelry |

Check the corresponding box if the property has been used in the past or is being used presently for any of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Gas Pumps | <input type="checkbox"/> Fuel Storage Tanks |
| <input type="checkbox"/> Plant Nursery | <input type="checkbox"/> Other Chemicals | <input type="checkbox"/> Tanks Buried |
| <input type="checkbox"/> Dry Cleaning | <input type="checkbox"/> Auto Repair or Painting | <input type="checkbox"/> Tanks Above Ground |

Has any hazardous or toxic waste been generated or stored on the property? Yes No

Does any structure on the property contain asbestos material? Yes No

Does any structure on the property contain formaldehyde foam insulation? Yes No

Is radon gas known to emanate from the soil of the property? Yes No

Are Polychlorinated Biphenyls (PCB'S) present on the property in electrical transformers, capacitors or other equipment? Yes No

Do you have knowledge of any chemical accidents or spills involving, adjacent to or surrounding the property? Yes No

Do any environmental concerns exist pertaining to surface water runoff, water supply, well or ground water contamination, air pollution, waste disposal or other factors which might be considered hazardous? Yes No

Do you know of any reason environmental conditions might influence the insurability of the property? Yes No

Are you aware of any hazardous conditions now or previously existing on the property, which represent violations of local, state or federal environmental or public health statutes and laws? Yes No

Is the property currently the subject of environmental or public health litigation or administrative action from private parties or public officials? Yes No

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