



Combined General Liability and Site Pollution Liability RENEWAL APPLICATION

This application is for General Liability and Claims Made and Reported Site-Specific Pollution Liability.

Thank you for continuing to partner with us and taking the time to complete this application. While additional questions may be prompted based on your responses, documents provided and operations, a complete application provides us with the best possible scenario to assess your business. We look forward to another year partnering with you!

Please submit the following additional information as part of this application:

1. Two years of audited financial statements including income statement and balance sheet
2. Five years of currently valued loss runs for all lines currently/historically purchased: GL, EIL, Products Liability, Products Pollution Liability, WC, Excess, Auto, and Property
3. When excess coverage is requested, please provide copies of all underlying quotes or policies, inclusive of specimen forms and endorsements. This is further supplemented with the underlying applications, i.e., Auto ACORDs
4. Any existing reports or manuals (Phase I, Phase II, Environmental Surveys, Audits, NFAs, tank closure letters, ground water monitoring reports, Spill Prevention Control and Countermeasures Plan (SPCC), Emergency Response Plan, Corporate Health and Safety Plan, Standard Warranty/Quality Control Procedures, etc.)

Instructions:

All questions are to be answered. Please mark NA if a question is not applicable. If additional space is needed to answer the questions completely, please attach the additional supporting documentation to this application.

The application must be signed and dated by a duly authorized executive, officer, owner, principal, partner, director, or risk manager of the Named Insured.

If there are any material changes — named insured, address, capital improvements, operations, or new lines of coverage — please complete a New Business Application.

Insured Information

Applicant Name:			
Mailing Address:			
City:	State:	Zip code:	

Section I: General Information

1. Expiring Policy Information	Policy number:	Policy Expiration Date: (MM/DD/YYYY)
2. Gross Revenue:	Estimated for next 12-month policy period:	Expiring 12-month policy period:
Has the applicant acquired, merged, or discontinued any operations/entities in the last five (5) years? If "Yes", please explain: _____ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section II: Coverage

1. Do you reaffirm the information provided on the original application for insurance and any previous renewal applications, if applicable, other than amended herein? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has any location, operation or product been excluded, limited in coverage or self-insured? If "Yes", please explain. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Any additional coverage requests or enhancements not stated above, or previously carried? If "Yes", please explain. _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section III: Premise and Site Pollution

1. Has there ever been or is there currently any remediation, monitoring or sampling to investigate contamination at any of the properties? If "Yes", please describe and attach copies of applicable environmental reports. _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you aware of any waste materials that have been disposed of or buried on the proposed location? If "Yes", please provide details: _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you have plans to upgrade, repair, remove or replace any storage tanks in the next twelve (12) months? If "Yes", attach a detailed description of the planned activities with a timeline for activities to be completed. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are there any plans for development, redevelopment, improvement, betterment, equipment turn-around or upgrades, demolition or plans for changes in site use/operations at any of the properties during the proposed policy period? If "Yes", please describe. _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are there any plans to sell or sublease any of the properties during the proposed policy period? If "Yes", please describe: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section IV: Products and Operations

List your three (3) main products or product categories:					
Product/Product Categories					% of Sales
1. Have any of your products or operations, current or past, involved any of the following: If "Yes", please provide details: _____ _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
Benzene	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ethylene Oxide	<input type="checkbox"/> Yes <input type="checkbox"/> No	PFAS (<i>incl. AFFF</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
CBD/THC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Glyphosate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Silica	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diacetyl	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nanotechnology	<input type="checkbox"/> Yes <input type="checkbox"/> No	Talc	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dicamba	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paraquat	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Have any products been discontinued, recalled, retrofitted or significantly modified? If "Yes", please explain: _____ _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you perform any operations away from your premises? If "Yes", please explain in detail and provide the revenue associated with such services: _____ _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you perform any operations away from your premises? If "Yes", please explain in detail and provide the revenue associated with such services: _____ _____					<input type="checkbox"/> Yes <input type="checkbox"/> No

Section V: Claims

<p>1. Have you ever had a claim or loss over \$50,000? If "Yes", please provide details <i>(if not indicated in the attached loss runs)</i>:</p> <p>_____</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p>2. Has there ever been any fires at any of the applicant's locations? If "Yes", please provide additional details as to the cause, and changes to risk management post event:</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p>3. In the last five years, has the applicant had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants as defined by applicable environmental statutes or regulations? If "Yes", please provide details:</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p>4. In the last five years, has the applicant been prosecuted or is the applicant currently being prosecuted for contravention of any standard or law relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental statutes or regulations? If "Yes", please provide details:</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p>5. List all claims made against the applicant during the past five years for cleanup or response action, "toxic tort" or other bodily injury, or property damage, resulting from the release of hazardous substances, hazardous waste, or other pollutants, from this location or other locations owned or operated by the applicant, into the environment. Please provide a brief description of the claim(s) and their disposition:</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p><i>For the purpose of questions 6 and 7 below, "you" means the manager or supervisor of the applicant responsible for environmental affairs, control or compliance, or any manager of the location(s) which is the subject of this application, or any officer, director or partner of the applicant.</i></p>	
<p>6. At the time of the signing of this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for bodily injury or property damage arising from the ingestion, inhalation or release of hazardous substances or other pollutants related to any of your products? If "Yes", please provide details:</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p>7. At the time of the signing of this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for bodily injury or property damage arising from the ingestion, inhalation or release of hazardous substances or other pollutants related to any of your products? If "Yes", please provide details:</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p>8. Is the applicant aware of any fact, circumstance or situation which could result in a claim being made against you or any other person or entity for which coverage is being sought? If "Yes", please provide details:</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>

Section VI: Additional Information or Requests

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. The coverage applied for is solely as stated in the policy and any endorsement thereto, which provides coverage for cleanup costs, bodily injury and property damage liability coverage for claims first made against the insured and reported to the insurer, in writing, during the policy period. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. Please have the application signed and dated by an authorized Owner, Partner, Officer, Director or Risk Manager of the first Named Insured.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: (MM/DD/YYYY) _____

Agent / Broker Name: _____

FRAUD WARNING

NOTICE TO ALABAMA APPLICANTS: 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.

NOTICE TO ARKANSAS 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 fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: 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.

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 policyholder or claiming regarding a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent person insurance act, which is a crime.

NOTICE TO LOUISIANA 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 fines and confinement in prison.

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

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

NOTICE TO 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 NEW YORK 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 each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with the 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

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 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.

NOTICE TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO ALL OTHER STATE 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.