



Combined General Liability and Site Pollution Liability

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

Thank you for 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 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 being 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 Accords
- 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:

- 1) 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.
- 2) The application must be signed and dated by a duly authorized executive, officer, owner, principal, partner, director, or risk manager of the Named Insured.

Section I: Broker/Agent Information

Broker Name:			
Mailing Address:			
City, State:		Zip code:	
Contact Name:			
Telephone:		Email:	

Section II: Applicant Information

Insured Name:					
Mailing Address (Not a PO Box):					
City, State:		Zip Code:			
Website:					
Individual Contact Name (for loss control):			Title:		
Telephone:			Email:		
FEIN:			Year Established:		
Company Type:	Corporation	Individual	Partnership	Joint Venture	Other
Parent Company:					

Description of applicants' operations:

Section III: General Information

1. Gross Revenue

Estimated for next 12-month policy period:	
Expiring 12-month policy period: MM/DD/YY	
2 nd prior year: MM/DD/YY	

2. List all Named Insureds/subsidiary companies for which coverage is requested; please attach org chart:

Named Insured/Subsidiary Company	Description of Operations	Contracting Ops. with description	Ownership %	Revenues (\$) If any Foreign Sales (%)	Website if separate from above

Has the applicant acquired, merged, or discontinued any operations/entities in the last five (5) years? If "Yes", please explain.

3. Location Schedule: owned or operated by any Named Insured:

	Location Address Street Address / City / State / Zip	Owned/ Leased	Years at location	Description of operations at location (Identify any on-site waste disposal)	Retro Date (MM/DD/YYYY)
1.					
2.					
3.					
4.					

If there is any tenant exposure, please describe their operations and provide copies of the leases. _____

4. Tanks: Complete only if tanks are on-site.

Tank ID:				
Type:	UST or AST	UST or AST	UST or AST	UST or AST
Original Install Date:				
Capacity (gallons):				
Contents:				
Tank construction and material:	SW or DW	SW or DW	SW or DW	SW or DW
Secondary containment? Type:	Yes No	Yes No	Yes No	Yes No
Leak detection/ monitoring type:	Yes No	Yes No	Yes No	Yes No
If coverage for more than four (4) storage tanks is requested, please submit a separate excel sheet				

5. Location Schedule: non-owned or not operated locations: (non-owned: landfills, TSDF, or warehouses)

Location Address Street Address / City / State / Zip	Description of operations at location (Identify any on-site waste disposal)	Retro Date (MM/DD/YYYY)

Section IV: Coverage

Check which applies:

New Business: or Renewal:

Policy Term: _____

Effective Date: _____

Expiration Date: _____

Existing Coverage:

Coverage	Carrier	Effective date if different	Limits	Deductible/SIR	Premium	Occ or CM (Retro date)
General Liability						
Site Pollution Liability						
Non-Owned Disposal Site Liability						
Products Pollution Liability						
Contractors Pollution Liability						
Transportation Pollution Liability						

Has any location, operation or product been excluded, limited in coverage or self-insured? If "Yes", please explain.

Yes No

Any additional coverage requests or enhancements not stated above, or previously carried? If "Yes", please explain.

Yes No

Section V: Premise and Site Pollution

1. Has any insurance company denied, canceled or non-renewed pollution liability coverage? If "Yes", please provide details. Yes No

2. 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. Yes No

3. Are you aware of any waste materials that have been disposed of or buried on the proposed location? If "Yes", please provide details: Yes No

4. 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. Yes No

5. 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. Yes No

6. Are there any plans to sell or sublease any of the properties during the proposed policy period? If "Yes", please describe: Yes No

7. Waste generation and management practices.

EFFLUENT/EMISSION TREATMENT AND DISCHARGE					
<i>Check here if this section does not apply</i> <input type="checkbox"/>					
	Discharge Composition	Daily Amount	Treatment Process	What is the material discharged into?	Historical duration of this waste stream?
1.					
2.					
3.					

Section VI: Products and Operations

1. Please provide a breakdown of sales based on the chart below:

Description of Operations	Sales	Description of Operations	Sales
Manufacturing of product to own specifications		Distribution — no mixing, blending, or repackaging	
Manufacturing of product to customer specifications		Distribution with Repackaging/labeling	
Manufactured/processed by third parties		Broker/drop ship (no physical possession)	
Mixing or blending		Waste treatment, storage or disposal facilities	
Other: (Please describe):			

2. List your three (3) main products or product categories

Product/Product Categories	% of Sales

3. Have any of your products or operations, current or past, involved any of the following: If “Yes”, please provide details:

Yes No

Benzene	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ethylene Oxide	<input type="checkbox"/> Yes <input type="checkbox"/> No	PFAS (incl. AFFF)	<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		

4. To which markets are your products directed:

Industrial _____% Intermediate Industrial _____% Contractor _____% Retail _____%

5. Have any products been discontinued, recalled, retrofitted or significantly modified? If “Yes”, please explain:

Yes No

6. Do you import or export products, component parts, or raw materials? If “Yes”, please complete table below:

Country	Import/Export	Quantity	Product	Annual Revenue

7. Do you perform any operations away from your premises? If “Yes”, please explain in detail and provide the revenue associated with such services:

Yes No

Transportation Pollution: Is the average trip over 100 miles? Yes/No

Average number of Owned or Operated Daily Shipments	Class 1*	Class 2*	Average number of Common Carrier Daily Shipments	Class 1*	Class 2*
Trucks			Trucks		
Rail			Rail		
Watercraft			Watercraft		
Aircraft			Aircraft		

*Class 1: Solid hazardous material (such as asbestos, lead and contaminated soil) and all other liquids and gases not listed in Class 2

*Class 2: All petroleum products, toxic or flammable chemicals, gases or other liquids, radioactive material, explosives

Section VII: Excess Liability

1. Excess limit requested: _____ Total limit desired for tower: _____
2. Present Insurance Coverage

	Auto Liability	Employers Liability	Excess	Foreign Liability
Carrier				
Limits				
Deductible/SIR				
Effective date				
Premium				
Coverage Trigger (If applicable)				
Captive or claims handled by TPA				

3. Has any umbrella carrier or excess insurer declined, cancelled or refused to renew? (NOTE: Missouri residents need not reply). If "Yes", please provide details: Yes No

Section VIII: Claims

1. Have you ever had a claim or loss over \$50,000? If "Yes", please provide details *(if not indicated in the attached loss runs)*: Yes No
- _____
- _____
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: Yes No
- _____
- _____
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: Yes No
- _____
- _____
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: Yes No
- _____
- _____

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:

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.

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 environmental damage, or for bodily injury or property damage arising from the release of hazardous substances or other pollutants into the environment? If "Yes", please provide details: Yes No

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: Yes No

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: Yes No

Section IX: 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: _____

Agent / Broker Name: _____

Section X: Workers' Compensation Addendum

Employee Jobsite Exposures

Number of employees:	
Employee turnover rate (%):	
Are you a union or non-union shop?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Union employees (%): _____ Non-union employees (%): _____	

Employment & Hiring Practices

1. Do you use either non-permanent union hall, temporary employees or day laborers? If yes, please provide details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is job training provided? If yes, please describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you require a written employment application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are physical exams or fit for duty exams required? If yes, specify: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Post-employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are drug/substance abuse tests conducted? a. For: <input type="checkbox"/> All employees <input type="checkbox"/> CDL drivers only b. When: <input type="checkbox"/> Pre-hire <input type="checkbox"/> Post-accident <input type="checkbox"/> Random <input type="checkbox"/> For-cause	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you use a designated medical provider for workplace injuries? If yes, please provide details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Safety Programs & Procedures

7. Do you have a Safety Director? Name: _____ Percentage of time dedicated to safety functions: _____ Is there anyone else responsible for safety activities? If so, name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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8. Is there a written safety program? If yes, attach the table of contents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the safety program include a positive incentive component? If yes, please describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are safety/tailgate meetings held? If yes, how often? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is there a written fall protection program? If yes, at what height is 100% protection required? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Worksite Activities

12. Is work performed above two stories?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is roofing work performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are scaffolds used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is excavation or below-grade work performed? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is confined space work performed? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Safety Compliance & Reporting

17. Is there a lock-out/tag-out program? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is there a hazardous materials communication program? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Is there a formal equipment inspection/maintenance program? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are there written procedures for reporting claims or injuries? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is there a formal accident investigation process? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Return to Work & Workers' Compensation

22. Is modified duty offered to injured employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do you have written job descriptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Is there a Return-to-Work program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Workers Compensation</p> <p>a. Is the applicant subject to any of the following?</p> <p><input type="checkbox"/> Defense Base Act</p> <p><input type="checkbox"/> Jones/Maritime Act</p> <p><input type="checkbox"/> Longshore and Harbor Workers Act</p> <p><input type="checkbox"/> Federal Employers' Liability Act?</p> <p>If yes, please describe: _____ <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	

Section XI: Auto Addendum

1. Auto Information:

Class	Count	Class	Count
Private Passenger Vehicle		Extra Heavy – Local	
Light Vehicle		Extra Heavy – Intermediate/Long	
Medium Vehicle		Local Truck Tractors	
Heavy Vehicle		Intermediate/Long Haul Truck Tractors	
Heavy Int/Long			
Describe any significant vehicle modifications to vehicles (Greater than \$5000 in value) Examples: cranes, lifts, hoists, dump bed, pumps, vacuums / tank bodies, welding equipment, other: _____ _____			
2. Do you have a written procedure for the screening and hiring of drivers? If yes, please provide details: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are MVRs ordered and reviewed at least annually for all drivers <input type="checkbox"/> Yes <input type="checkbox"/> No or all employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy of procedures or provide MVR standards drivers must meet to be granted driving privileges.			
4. Do you have a written fleet safety program? If yes, please attach a copy.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have a vehicle maintenance program in place?			<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do employees use personal vehicles in business? If yes: a. Please list percentage of employees who use their own vehicles: _____ b. What limit of personal auto liability insurance do you require these employees to carry? _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you use owner/operators? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? (_____) And does the written agreement with them require they be dedicated to your business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Do you allow employees to take company vehicles home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are the employees permitted to drive the vehicles during non-work hours <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Do you have a distracted driving policy? If yes, attach a copy.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written policy forbidding the use of cell phones while operating vehicles			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you allow hands-free use of cell phones while operating vehicles?			<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you have a pre-trip inspection procedure for vehicles?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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 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.