

THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY

Pesticide And Herbicide Applicator Coverage – Supplemental Application

Named Insured:	Proposed Effective Date:	Agent

Description of Risk/Exposure

☐ Golf Course Type: ☐ Public ☐ Private ☐ Country Club ☐ Driving Range only ☐ Swimming Pool
 ☐ Miniature Golf only ☐ Par 3/pitch 'n' putt only Exposure: # of Holes _____
☐ Municipality Exposure: Rural Road Miles _____ Park/Playground Acreage _____ ☐ Swimming Pool
☐ School Board Exposure: School Grounds Acreage _____ ☐ Swimming Pool
☐ Other _____ Exposure: # of Locations _____ ☐ Swimming Pool

Coverage Information

Limits: Each Loss/Aggregate Limit (in thousands) ☐ 50/50 ☐ 100/100 ☐ 200/200 ☐ 300/300 ☐ 400/400
 ☐ 1,000/1,000 ☐ 2,000/2,000 ☐ 3,000/3,000
 ☐ 4,000/4,000 ☐ 5,000/5,000

*Deductible (Each Loss): ☐ \$1,000 Standard ☐ \$500 Standard-GA only ☐ None ☐ \$2,500
☐ Prior Incidents Coverage (Not available in all states)

*\$1,000 Ded. not available in GA, \$2,500 Ded. Not available in GA, PA

Underwriting Information

Yes No

If required do all applicators have current and valid licenses or certifications?	<input type="checkbox"/>	<input type="checkbox"/>
Does the insured only use federal or state approved herbicides and pesticides?	<input type="checkbox"/>	<input type="checkbox"/>
Does the insured only use commercially available herbicides and pesticides with no mixing?	<input type="checkbox"/>	<input type="checkbox"/>
Does the insured keep records of what and when herbicides and pesticides are applied and in what quantities?	<input type="checkbox"/>	<input type="checkbox"/>
Does the insured comply with all federal or state regulations on the storage handling, application and disposal of herbicides and pesticide products?	<input type="checkbox"/>	<input type="checkbox"/>
Does the insured meet all NFPA standards regarding the storage or herbicide and pesticide products?	<input type="checkbox"/>	<input type="checkbox"/>
Does the insured have a Chemical Hazard Communication and Safety program in place?	<input type="checkbox"/>	<input type="checkbox"/>
No underground storage tanks of pesticides and herbicide products?	<input type="checkbox"/>	<input type="checkbox"/>

Limited Above Ground Storage Tank Coverage (Tank capacity must be 2500 gallons or less)

Please complete the items below for each above ground storage tank:

- Age of tank: _____ Capacity: _____
- Was the tank new at installation? ☐ Yes ☐ No If not, what was the previous use? _____
- Is there a secondary containment system in place? ☐ Yes ☐ No
- Is there underground piping present? ☐ Yes ☐ No If so, is it properly tested? ☐ Yes ☐ No
- What product is stored in the tank? _____
- What safeguards are in place to control access to the tank? _____
- Does the insured have a regular testing program in effect? ☐ Yes ☐ No
 If so, briefly describe: _____

Loss/Incident History

List and describe any pollution incidents or environmental claims which have occurred or been reported during the last five years:

☐ None

Date	Description	Payment	Status

List and describe any investigation activity, clean-up orders, citations or fines by any governmental agency relative to the insured's application/storage/disposal of pesticides or herbicides in the last five years. ☐ None

Date	Description	Action Taken	Status

Is the insured aware of any other instances which may be expected to arise in a claim? ☐ Yes ☐ No

If yes, give details _____

Prior Coverage Information (Complete if Prior Incidents Coverage is Requested)

Please provide prior carrier information for the last three years. A COMPLETE COPY OF YOUR CURRENT POLICY MUST BE SUBMITTED WITH THIS APPLICATION.

Year	Company	Limits	Retroactive Date	ERP/Tail

CLAIMS MADE EXPLANATORY NOTICE (IMPORTANT INFORMATION REGARDING THIS CLAIMS-MADE COVERAGE)

The following is a limited summary for information purposes only. No coverage is provided by this summary, and it does not replace any provisions of the policy. You should refer to the policy coverage forms for actual terms and conditions of coverage.

- I. This coverage is written on a claims-made basis. This policy provides no coverage for claims arising out of any "pollution incident" which took place prior to the Retroactive Date shown on the Declarations. This policy covers only claims or "suits" first made against any insured during the "policy period", any subsequent renewal of this coverage or any Extended Reporting Period. All coverage under this policy ceases upon the termination of the policy, except for the automatic Basic Extended Reporting Period coverage, unless the insured purchases the additional Supplemental Extended Reporting Period coverage.
- II. Upon termination of coverage we will automatically provide a ninety (90) day Basic Extended Reporting Period.
- III. Upon termination of coverage you may elect to purchase a Supplemental Extended Reporting Period of unlimited duration. The cost of the Supplemental Extended Reporting Period is shown on the declarations schedule.
- IV. In general, during the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. You can expect substantial annual premium increases, independent of overall rate level increases, until the claims made relationship reaches maturity.

The applicant acknowledges that they have read and are aware of the limitations of coverage inherent in the claims-made policy for which this application has been completed, as described in the CLAIMS-MADE EXPLANATORY NOTICE.

APPLICANT'S SIGNATURE

TITLE

DATE

AGENT'S SIGNATURE

DATE

FRAUD WARNING

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.

APPLICABLE IN ARKANSAS AND DISTRICT OF COLUMBIA

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.

APPLICABLE IN 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.

APPLICABLE IN INDIANA

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN KENTUCKY

Any person 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 insurance act, which is a crime.

APPLICABLE IN MARYLAND

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.

APPLICABLE IN MICHIGAN

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information, shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.

APPLICABLE IN MAINE, TENNESSEE AND 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 may include imprisonment, fines, or a denial of insurance benefits.

APPLICABLE IN 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.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she 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.

APPLICABLE IN 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 insurance act, which is a crime and subjects the person to criminal and civil penalties.

APPLICABLE IN 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.

The official designated to receive any and all notices from the Insurer to the Insured concerning any policy issued as a result of this application shall be (please type or print):

Name: _____

Title: _____

Entity's Attestation — The authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true; that no fact, circumstances, or situation indicating the probability of a claim or action now known to you, your officers, managers, partners, directors or employees has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim and signing of this application does not bind the signer to purchase the insurance, but it is agreed this form shall be the basis of the contract should a policy be issued.

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

APPLICABLE IN 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 violation.

Authorized signatory for Insured

Date

Title

() _____
Phone Number

Insurance Agent

Date