



ENVIRONMENTAL MANUFACTURERS AND PRODUCTS APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:

1. Most recent audited financial statement.
2. Five years of currently valued loss runs including general liability and pollution, if applicable.
3. Standard warranty and quality control procedures
4. Any existing site specific environmental assessment reports (Phase I, Phase II, etc.), if applicable.

I. APPLICANT INFORMATION		
Named Insured:		
Address:		
City:	State:	Zip Code:
Company is: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other Specify		
Website/Social Media:		
Year Company Established:		

II. COVERAGE					
Effective Date:		Expiration Date:			
<input type="checkbox"/> New Business <input type="checkbox"/> Renewal					
Coverage	Limits of Insurance	Deductible	Expiring Carrier	Expiring Premium	Retroactive Date
<input type="checkbox"/> General Liability	Each Occurrence: Aggregate:				
<input type="checkbox"/> Contractors Pollution Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-made	Each Pollution Incident: Aggregate:				
<input type="checkbox"/> Environmental Impairment Liability	Each Pollution Incident: Aggregate:				
<input type="checkbox"/> Products Pollution Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-made	Each Pollution Incident: Aggregate:				
<input type="checkbox"/> Transportation Pollution Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-made	Each Pollution Incident: Aggregate:				
Please list any other in-force retroactive dates or requested coverages and endorsements:					

III. GROSS RECEIPTS	
Estimated Next 12 Months	\$
First Prior Year	\$
Second Prior Year	\$
Third Prior Year	\$

IV. PROPERTIES/FACILITIES FOR WHICH COVERAGE IS SAUGHT				
Please list all properties/facilities for which Applicant is requesting coverage. Please respond to questions 4.1 through 4.4 for each respective property/facility. If more space is needed, please provide this information as an attachment to this Application.				
4.1	Address of Property Facility	Owned or Rented/ Leased	Type of Property/Facility (warehouse, office, etc.)	Description of Operations at the Property/Facility
4.2	Describe security features and fire safety features/equipment for each property/facility (alarm systems, fencing, cameras, sprinkles, fire extinguishers, etc.):			
4.3	Describe any third-party access and frequency thereof, for each property/facility:			
4.4	Do you generate waste at any property/facility you are seeking insurance coverage? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please describe the waste disposal process at each respective property/facility.			

V. STORAGE TANKS					
5.1	Location of Storage Tank	AST/UST	Year Installed	Contents	Construction

VI. PRODUCTS INFORMATION			
6.1.	Please provide description of operations based on percentage of sales and product end use.		
	Type of Operations	Product End Use (Consumer, Contractor, Industrial, etc.)	Percentage of Sales
	Product manufacturing only		%
	Product mixing or blending only		%
	Product distribution only		%

Product distribution with repackaging or labeling				%
Product manufactured/processed by third parties				%
Product brokering/drop/ship (no physical possession)				%
6.2	Please list your primary products or product categories.			
	Product Name	Use or Application	Years on the Market	Percentage of Sales
				%
				%
				%
				%
				%
6.3	Are or could any of your products or services contain, be a part of, used on, or in connection with the following:			
	Industry/Product Type	Percentage of Sales	Industry/Product Type	Percentage of Sales
	Aircraft/Missile/Aerospace <input type="checkbox"/> Yes <input type="checkbox"/> No	%	Offshore/Watercraft <input type="checkbox"/> Yes <input type="checkbox"/> No	%
	Animal or Human Foods <input type="checkbox"/> Yes <input type="checkbox"/> No	%	Medical/Life Support <input type="checkbox"/> Yes <input type="checkbox"/> No	%
	Consumer Goods <input type="checkbox"/> Yes <input type="checkbox"/> No	%	Perfluorinated Compounds (PFAS) <input type="checkbox"/> Yes <input type="checkbox"/> No	%
	Energy (Other than Oil & Gas) <input type="checkbox"/> Yes <input type="checkbox"/> No	%	Pesticides/Herbicides/Fertilizers <input type="checkbox"/> Yes <input type="checkbox"/> No	%
	Oil & Gas <input type="checkbox"/> Yes <input type="checkbox"/> No	%	Pharmaceuticals <input type="checkbox"/> Yes <input type="checkbox"/> No	%
6.4	Does Applicant have written testing procedures in place for its products? If so, please attach a copy of those procedures and explain.			Yes <input type="checkbox"/> No <input type="checkbox"/>
6.5	Does Applicant have written quality control and quality assurance procedures for its products? If so, please attach a copy of those procedures and explain.			Yes <input type="checkbox"/> No <input type="checkbox"/>
6.6	How long does Applicant retain records for its products?			
6.7	Does Applicant enter into written contracts with suppliers and vendors that include indemnity or hold harmless provisions in favor of Applicant? If so, please provide a sample vendor/supplier contract.			Yes <input type="checkbox"/> No <input type="checkbox"/>
6.8	Have any of Applicant's products been discontinued?			Yes <input type="checkbox"/> No <input type="checkbox"/>
6.9	Have any of Applicant's products been recalled?			Yes <input type="checkbox"/> No <input type="checkbox"/>
6.10	Does Applicant have a formal product recall procedure in place?			Yes <input type="checkbox"/> No <input type="checkbox"/>
6.11	For Applicant's products, are labels, warranties, instruction manuals, advertisements, and other product-related materials and communications reviewed by legal counsel?			Yes <input type="checkbox"/> No <input type="checkbox"/>
6.12	Does Applicant import or export any products or component parts? If so, please list the countries to or from which the Applicant imports/exports their product.			Yes <input type="checkbox"/> No <input type="checkbox"/>
6.13	Are any of Applicant's products certified by ISO, or by any other industrial organization? If so, please list products and certifications.			Yes <input type="checkbox"/> No <input type="checkbox"/>
6.14	Does Applicant install any products for its customers or third parties? If so, please provide a percentage of total revenues from installation exposures.			Yes <input type="checkbox"/> No <input type="checkbox"/>



VII. EXCESS LIABILITY

To be considered for Excess coverage, please provide the ACORD 131 application, including coverage limits requested. If Excess is requested over Auto and Employer's Liability, please provide underlying information including Auto fleet breakdowns by vehicle type and radius traveled, underlying premiums, and 5 years of currently valued loss runs.

VIII. CLAIMS HISTORY AND CLAIM CIRCUMSTANCES

Please respond to the following questions to the best of your knowledge and belief, after conducting due diligence and inquiry with any individual who may have knowledge or information about the matters described below.

8.1	Has any claim, suit, regulatory investigation or proceeding or other proceeding or notice of incident been made against any proposed insured or any employee, contractor, or staff member of any proposed insured, in the last five (5) years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.2	Has Applicant received any notices of actual or potential violations, citations, fines, penalties, complaints, or enforcement or regulatory actions in any way relating to non-compliance with environmental protection laws, in the last five (5) years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.3	At the time of signing this application, is Applicant aware of any event, fact, circumstance, situation, demand, act, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against any proposed Insured, including but not limited to, environmental damage, or for bodily injury or property damage arising from the release of hazardous substances or other pollutants into the environment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.4	At the time of signing this application, is Applicant aware of any event, fact, circumstance, situation, demand, act, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against any proposed insured for bodily injury or property damage arising from the ingestion, inhalation or release of hazardous substances or other pollutants related to any of Applicant's products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.5	Has Applicant or any proposed insured ever paid out more than \$25,000 for any one claim or loss?	Yes <input type="checkbox"/> No <input type="checkbox"/>

REPRESENTATIONS AND SIGNATURE

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED.

NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED TO APPLICANT, OR THAT ANY PERSONS, EVENTS OR OTHER SPECIFICS REFERENCED IN QUESTIONS, OR ANSWERS TO QUESTIONS, WILL BE COVERED UNDER ANY POLICY BOUND OR ISSUED TO APPLICANT.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT. SUCH AN ACT IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

This application must be signed by an authorized partner, officer, or other principal of Applicant.

Signature of Authorized Representative of Applicant

Title

Type/Print Name of Authorized Representative

Date

Producer Signature

Date