

APPLICATION DATE

NEED BY DATE

PROPOSED EFFECTIVE DATE

LIVESTOCK MANURE APPLICATORS & TRANSPORTERS POLLUTION SUPPLEMENT

ALL APPLICANTS MUST ALSO SUBMIT:

1. Five years of currently valued CGL loss runs
2. Acord Commercial General Liability 125 and 126 applications

SECTION A: APPLICANT INFORMATION**APPLICANT**

MAILING ADDRESS

CITY

STATE

ZIP CODE

PHYSICAL ADDRESS IF DIFFERENT

CITY

STATE

ZIP CODE

CONTACT NAME

CONTACT E-MAIL

CONTACT PHONE #

WEBSITE ADDRESS

 COMPANY IS: ☐ Individual ☐ Corporation ☐ LLC ☐ Partnership ☐ Other (Specify)

PROVIDE BRIEF DESCRIPTION OF APPLICANT'S OPERATIONS:

SECTION B: PERSONNEL

1. Number of Officers/Directors

PLEASE ATTACH A STATEMENT OF QUALIFICATIONS/

2. Number of Other Key Personnel

RESUME FOR ALL OFFICERS, DIRECTORS AND

3. Total Number of Personnel

KEY PERSONNEL LISTED.

 4. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities? ☐ Yes ☐ No If yes, please explain:
SECTION C: COMPANY PROFILE

1. Date Established

 2. Does the applicant have ☐ Subsidiaries ☐ A parent company ☐ Other related entities If yes, explain.

 3. Do you share employees? ☐ Yes ☐ No If yes, explain:

 4. Have there been any acquisitions, consolidations, dissolutions, mergers in the last 5 years? ☐ Yes ☐ No If yes, explain:

 5. Do you perform any operations on land owned by you or by any person who has ownership interest in your company? ☐ Yes ☐ No If yes, please explain:

 6. Do you or any owners of the company house livestock that you or any other company owns? ☐ Yes ☐ No

 7. Do you require your clients to provide proof of insurance coverage for their livestock? ☐ Yes ☐ No If no, please detail your certificate procedure:

 8. Is the insured allowed to enter the confinement barn during the pumping process? ☐ Yes ☐ No

- If yes, does the insured control the ventilation system and monitor air quality inside the barn? ☐ Yes ☐ No
- If no, does the insured require the barn manager/farm owner to be on site for the duration of the pumping to ensure adequate air exchange inside the barn? ☐ Yes ☐ No

SECTION D: REQUESTED COVERAGE☐ Renewal☐ New Business

COVERAGES	MOLD	LIMITS	DEDUCTIBLE	PROPOSED RETRO
<input type="checkbox"/> CGL				
<input type="checkbox"/> CPL Claims Made	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> CPL Occurrence	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Transportation				
<input type="checkbox"/> Professional Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			

☐ Crawford ☐ Alacrity ☐ Hired & Non-Owned Auto ☐ TPL Endorsement ☐ Other (specify)

SECTION E: CURRENT/PRIOR LIABILITY CARRIER INFORMATION

COVERAGES	CARRIER	MOLD	LIMITS	DEDUCTIBLE	RETRO	PREMIUM
<input type="checkbox"/> CPL Occurrence		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> CPL Claims Made		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Transportation						
<input type="checkbox"/> Professional Liability		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No				
TOTAL PREMIUM PACKAGE POLICY						

SECTION F: GROSS RECEIPTS PAST THREE (3) FISCAL YEARS

	Fiscal Year	RECEIPTS	Note: <u>Gross Receipts</u> are the total of all receipts, invoices and/or billings without any deductions. Please list your estimated gross receipts including work subcontracted to others for the <i>next 12 months</i> next to the appropriate category. List services not described below under "Other" (be specific).
1 st prior year			
2 nd prior year			
3 rd prior year			

SECTION G: SCHEDULE OF VEHICLES & EQUIPMENT

TYPE OF VEHICLE	TOTAL # OF UNITS	TYPE OF VEHICLE	TOTAL # OF UNITS
Tractors		Flatbed Trailers	
Farm Tractors		Tank Trailers (3,000 gallons or less)	
Spreaders		Tank Trailers (over 3,000 gallons)	
Pickup Trucks		Other (Specify)	
Stake and Flatbed Trucks		Other (Specify)	
Tank Trucks (3,000 gallons or less)		Other (Specify)	
Tanks (over 3,000 gallons)		Other (Specify)	

SECTION H: OPERATIONS

CONTRACTING	PROJECTED GROSS RECEIPTS	% SUBBED TO OTHERS	TRANSPORTATION	PROJECTED GROSS RECEIPTS	% SUBBED TO OTHERS
Manure Application			Manure Transporting		
Tank and Pipe Cleaning			Other Trucking (Specify)		
Other Contracting (Specify)			Other Trucking (Specify)		
Other Contracting (Specify)			Total Estimated Gross Receipts		

SECTION I: SUBCONTRACTED OPERATIONS

☐

Check here if this section does not apply

1. Total percent of all work subcontracted to others:

2. Does your firm collect certificates of insurance from all subcontractors? ☐ Yes ☐ No3. Do you use a standard indemnity contract with clients and subs? ☐ Yes ☐ No If no, please detail your contract procedure:

SECTION J: HAZARDOUS WASTE HAZARDOUS MATERIALS		<input type="checkbox"/>	Check here if this section does not apply
1. Do you ever haul hazardous waste materials? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, do all your contracts for hauling materials to be disposed state that the generator of such materials and not your firm is responsible for selection the disposal site/facility? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If no, please explain:			
2. Do all drivers have their CDL with the hazardous materials endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			
3. Does your company select, own, or manage disposal sites for hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
4. Who is authorized to sign hazardous wastemanifests? Is this part of the employee's job description? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Does your company comply with DOT rules with regard to placarding and labeling to properly identify hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please attach an explanation.			
6. Have you had any hazardous materials transportation incidents in the last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list and describe in detail:			
SECTION K: STORAGE OF MATERIALS		<input type="checkbox"/>	Check here if this section does not apply
1. Do you provide temporary storage services for hazardous materials or other waste? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <div style="margin-left: 20px;"> a. What is the maximum amount of time you will hold materials prior to disposal? b. What is the maximum quantity you will hold? c. Are there any restrictions on the material you will hold while waiting for disposal arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Do you ever take responsibility for loading or unloading hazardous materials, waste, or petroleum substances? <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: </div> </div>			
SECTION L: DRIVER INFORMATION			
1. Number of Owner-Operators currently contracted:		2. How many are exclusive to your company?	
3. Are there any drivers under contract or employment with DUI, DWI, or reckless driving convictions within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			
4. Do you have a minimum experience requirement for your drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			
5. Do you have a written driving training and orientation program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please submit.			
6. Do you have a training program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Do you have training provided by 3 rd parties off premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Do you have seminars provided on your premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Do you provide on the job training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long do drivers have to train prior to being allowed to drive alone?			
10. Are motor vehicle reports (MVRs) obtained on all drivers prior to hire? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often are MVRs rechecked?			
11. Are driver files current and in compliance with DOT regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			
12. Describe your regular driving safety program:			
13. Are driver logs kept and reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Do you require owner-operators to comply with your minimum experience, safety, maintenance and driver training requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SECTION M: VEHICLE MAINTENANCE			
1. Is there a written maintenance program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is an individual service record file maintained on each vehicle?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are vehicle condition reports (VCRs) completed daily?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do your mechanics inspect owner/operator equipment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Do you maintain owner/operator maintenance records?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION N: CLAIMS

1. Have any claims been made previously (last five years) against the Applicant or reported under any Commercial General liability, Contractor's Pollution Liability or Professional Liability policies? ☐ Yes ☐ No

AUTO LIABILITY	INSURANCE COMPANY	PREMIUM	NUMBER OF LOSSES	Include Loss & Expenses Paid & Reserved
Current Year				
1 st Prior Year				
2 nd Prior Year				
3 rd Prior Year				
4 th Prior Year				

AUTO POLLUTION LIABILITY	INSURANCE COMPANY	PREMIUM	NUMBER OF LOSSES	Include Loss & Expenses Paid & Reserved
Current Year				
1 st Prior Year				
2 nd Prior Year				
3 rd Prior Year				
4 th Prior Year				

2. Has any claim, suit or notice of incident been made against the firm or any staff member? ☐ Yes ☐ No
If yes, please attach full details on each incident.
3. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member? ☐ Yes ☐ No
If yes, please attach full details on each incident.

FRAUD WARNING: APPLICABLE TO ALL STATES

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.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

NOTICE TO APPLICANTS:

- a) 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 fact material thereto, commits a fraudulent insurance Act, which is a crime.
- b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature: _____

Date: _____

Title: _____