



# ENVIRONMENTAL MANUFACTURERS & DISTRIBUTORS SPECIALTY PACKAGE LIABILITY APPLICATION

THIS IS AN APPLICATION FOR A POLICY THAT MAY INCLUDE COVERAGES WRITTEN ON A CLAIMS MADE AND REPORTED BASIS. WHERE CLAIMS-MADE AND REPORTED COVERAGE IS PROVIDED, CLAIMS MUST FIRST BE MADE AGAINST YOU AND REPORTED IN WRITING TO THE INSURANCE COMPANY DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED CLAIMS REPORTING PERIOD. IF YOU HAVE ANY QUESTIONS ABOUT THE COVERAGE, PLEASE DISCUSS THEM WITH YOUR INSURANCE REPRESENTATIVE.

Please answer all questions completely, leaving no blanks. If a question does not apply, please indicate with "N/A". If space is insufficient, please attach additional sheets as necessary. Application must be signed and dated by an Owner, Partner or Director/Officer of your firm.

**Please submit the following additional information with this application:**

1. ACORD application – Commercial General Liability Section (if General Liability coverage is requested)
2. Current Financial Statement
3. Minimum of Five (5) years of currently valued hard copy loss runs for all lines of coverage being requested with details of any losses over \$10,000 (General Liability, Pollution Liability)
4. Your company brochure or website address; or, attach a brief description of your firm's operations
5. Any site assessments for the location(s) to be covered:

**COVERAGE REQUESTED** (check all that apply):

- ☐ CGL ☐ Occurrence Form ☐ Claims Made  
☐ Site Pollution- Coverage F - (Claims Made only)  
☐ Time Element Site Coverage (indicate on/off or both) \_\_\_\_\_

PROPOSED LIMITS: \_\_\_\_\_ PROPOSED DEDUCTIBLE(S): \_\_\_\_\_

PROPOSED EFFECTIVE DATE: \_\_\_\_\_ PROPOSED RETRO DATE: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

## APPLICANT

Firm Name: \_\_\_\_\_

Address (no P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other: \_\_\_\_\_

Years in business: \_\_\_\_\_

Has the name of the firm been changed, or has any other business been purchased or has any merger or consolidation taken place?

☐ Yes ☐ No

If YES, please detail changes in chronological order since inception:

Does the firm have: ☐ Subsidiaries ☐ A Parent Company ☐ Other Related Entities

If YES, please describe:

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## ENTITIES INFORMATION

List all current and prior entities or subsidiary companies to be listed as Named Insureds with a general description of key operations of each entity. Attach additional sheets as needed.


## ADDRESS OF ANY OTHER LOCATIONS FOR BRANCH OFFICES OR SUBSIDIARIES

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## COVERAGE & OPERATIONS

### REVENUES

Total Revenue for previous three years. (List from past years to current, left to right please)

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Total Revenue estimated for the next 12-month period: \$ \_\_\_\_\_

List your estimated revenue for the next 12 months next to appropriate category below (should total 100%):

DESCRIPTION OF OPERATIONS		EST. % OF GROSS REVENUE
a	Manufacturing Product to Own Specs (including mixing/blending)	
b	Manufacturing Product to Customer Specs (Tolling)	
c	Manufacturing by 3rd Party (Tolling by Others)	
d	Distributor – No repackaging, relabeling or mixing/blending	
e	Distributor – With repackaging and/or relabeling	
f	Distributor – Foreign manufacturer (Import products of others)	
g	Broker / Drop Ship / Manufacturer's Rep (No Physical Possession of Product)	
h	Processing	
i	Foreign Revenue (exports)	
j	Other (Please Describe)	

Does the applicant have a written quality control procedure for raw materials received, work in progress and finished product?

☐ Yes ☐ No

If YES, please describe:

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Does the applicant test raw materials/component parts received and finished product?

☐ Yes ☐ No

If YES, please describe:

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Does the applicant retain inventory records of all outgoing finished product?

☐ Yes ☐ No

If YES, how long are records kept? \_\_\_\_\_

Does the applicant enter into indemnity or hold harmless agreements in connection with their business?

☐ Yes ☐ No

If YES, please attach your standard indemnification/hold harmless wording

Does the applicant require Additional Insured status from their suppliers or manufacturers?

☐ Yes ☐ No

Does the applicant perform installation, service or maintenance of their product(s)?

☐ Yes ☐ No

If YES, please describe and provide revenue (\$):

Does the applicant hire subcontractors to install, service or maintain their product(s)?

☐ Yes ☐ No

If YES, please describe and provide revenue (\$):

## PREMISES & POLLUTION LIABILITY

### NOTE: LIST ALL PROPERTY(IES) FOR WHICH COVERAGE IS REQUESTED

If the space below is inadequate, please attach a statement of values or other documentation listing the property(ies) requesting coverage.

STREET ADDRESS <i>(include city, state, zip)</i>	OWNED/LEASED	3RD PARTY TENANTS ONSITE <i>(Y / N)</i>	DESCRIPTION OF CURRENT/PRIOR OPERATIONS
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If 3rd party tenants are onsite, please describe their operations

Please describe any premises security including fencing, surveillance cameras, alarms, etc.,

Have any Environmental Reports, including Phase I or Phase II Environmental Site Assessments, Surveys or Audits been prepared for the properties?

☐ Yes ☐ No

If YES, please provide copies.

Has the applicant ever manufactured, sold, handled, distributed or disposed of any product(s) which contained Per- or Polyfluoroalkyl Substances (PFAS) including, but not limited to Perfluorooctanoic acid (PFOA) or Perfluorooctanesulfonic acid (PFOS)?

☐ Yes ☐ No

If YES, please describe:

Are there any underground or aboveground storage tanks (USTs or ASTs) at any of the properties?

☐ Yes ☐ No

If YES, please provide a schedule that includes capacity, contents, construction, age, leak detection/monitoring type:

Is the applicant aware of any tanks at the property(ies) that have been removed or closed in place?

☐ Yes ☐ No

If YES, were they removed and/or closed in accordance with applicable regulations?

☐ Yes ☐ No

Are there any known plans for development, improvement, betterment, demolition or plans for changes in site use/operations at any of the properties during the proposed policy period?

☐ Yes ☐ No

If YES, please describe:

Are there any plans to sell any of the properties during the proposed policy period?

☐ Yes ☐ No

If YES, please describe:

#### WASTE DISPOSAL POLLUTION LIABILITY

Does the applicant require disposal of any hazardous materials as part of its operations?

☐ Yes ☐ No

If YES, please describe materials, quantities generated per month and the facility at which the material is disposed (if available, please provide a copy of the most recent waste manifest)

MATERIAL	MONTHLY VOLUME	DISPOSAL FACILITY

Has the applicant ever been named as a potentially responsible party (PRP) in connection with waste disposal activities?

☐ Yes ☐ No

If YES, please describe:

#### TRANSPORTATION POLLUTION LIABILITY

Does the applicant have any operations that require the transportation of hazardous materials?

☐ Yes ☐ No

If NO, please skip to CLAIMS HISTORY

If YES, and the applicant transports the materials themselves, please complete the table below:

- **Class 1:** Solid Hazardous Waste and all other liquid or gases not in Class 2.
- **Class 2:** Petroleum-based products; toxic/flammable/explosive/radioactive chemicals, gases, liquids or other materials

OWNED/OPERATED VEHICLE TYPE	CLASS 1 Average Number of Daily Shipments	CLASS 2 Average Number of Daily Shipments
Truck:		
Rail:		
Watercraft:		
Aircraft:		

If YES, and the hazardous materials are transported by a third-party, please complete the table below:

WASTE HAULER NAME	MATERIAL(S) HAULED	CARRIER TYPE <i>(Bulk, Container, Tanker, etc.)</i>	MAXIMUM DISTANCE TRAVELED

Has the applicant had any claims in any way related to pollution releases from transported cargo in the past five (5) years?

☐ Yes ☐ No

If YES, please describe:

## CLAIMS HISTORY

Has the applicant ever had a claim or loss over \$50,000?

☐ Yes ☐ No

If YES, please describe:

In the last five (5) years, has the applicant had any reportable releases or spills of hazardous substances, hazardous wastes or any other pollutants as defined by applicable environmental statutes or regulations?

☐ Yes ☐ No

If YES, please describe:

In the last five (5) years, has the applicant received any notices of violation, fines, penalties, complaints or other enforcement actions regarding compliance with environmental laws?

☐ Yes ☐ No

If YES, please describe:

In the last five (5) years, has the applicant been prosecuted or is the applicant currently being prosecuted for contravention of any standard of 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?

☐ Yes ☐ No

If YES, please describe:

Have any claims been made or legal action (including regulatory action)\_ been brought against the applicant which relate in any way to an actual or alleged pollution release (including mold and legionella) or water intrusion?

☐ Yes ☐ No

If YES, please describe:

## PRESENT INSURANCE COVERAGE

	GENERAL LIABILITY	POLLUTION LIABILITY	NON-OWNED DISPOSAL SITE POLLUTION LIABILITY	AUTO LIABILITY	POLLUTION LIABILITY DURING TRANSPORTATION	OTHER
Carrier						
Limits						
Deductible						
Policy dates						
Premium						
Occurrence or Claims Made						
Retro Date If applicable						

## EXCESS LIABILITY INFORMATION

The above chart must be completed in full or marked not applicable as it is also used to rate and underwrite any applicable Excess Coverage.

Has any umbrella carrier or excess insurer declined, cancelled, or refused to renew? YES NO

If YES, please explain:

Auto Information: Total Number of Autos: \_\_\_\_\_ What is the radius of Auto operations: \_\_\_\_\_ miles

Please provide the breakout of Auto Fleet:

PP: \_\_\_\_\_

Light Truck: \_\_\_\_\_

Medium Truck: \_\_\_\_\_

Heavy Truck: \_\_\_\_\_

Extra Hvy Truck/Tractor: \_\_\_\_\_

Trailer: \_\_\_\_\_

Auto Liability Loss Information:

Number of auto liability claims in the past 5 years: \_\_\_\_\_

Total value of auto liability claims for the past 5 years: \_\_\_\_\_

## WORKERS COMPENSATION INFORMATION

Is statutory workers compensation coverage carried in all states where the applicant is exposed?  
If NO, explain:

☐ Yes ☐ No

Is the applicant a qualified self-insurer for workers compensation coverage?

☐ Yes ☐ No

Does the applicant have any aircraft or watercraft exposure?

☐ Yes ☐ No

If YES, please provide the following details:

Provide number and description of all owned or leased aircraft or watercraft:

Does the applicant lease any watercraft or aircraft (with or without crew)?

☐ Yes ☐ No

If YES, please describe:

Does applicant maintain or work at any airport or docking, pier, or wharf facilities?

☐ Yes ☐ No

If YES, please describe:

Describe any cargo or passenger haulage:

Has any underlying policy had a loss over \$10,000?

☐ Yes ☐ No

If YES, describe or reference other parts of this application as necessary:

## WARRANTY

**The above chart must be completed in full or marked not applicable as it is also used to rate and underwrite any applicable Excess Coverage.**

Is the applicant aware of any fact, circumstance or situation which could result in a claim being made against you or any other entity for which coverage is being sought?

☐ Yes ☐ No

If YES, please provide details:

## FRAUD WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION AND THE COMPANY'S WRITTEN AGREEMENT TO BE BOUND IS REQUIRED TO BIND COVERAGE AND TO ISSUE A POLICY. IT IS AGREED THAT THIS FORM AND ANY SUPPLEMENTARY DATA SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND WILL BE ATTACHED TO THE POLICY.

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. IF AN ORDER IS RECEIVED, THE APPLICATION IS ATTACHED TO THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

PLEASE READ THE APPROPRIATE STATE FRAUD NOTICES NOTED BELOW.

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: "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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES."

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 INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

NOTICE TO IDAHO APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

NOTICE TO INDIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD AN INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION COMMITS A FELONY."

NOTICE TO KENTUCKY APPLICANTS: "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."

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 MICHIGAN APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER SUBMITS A 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."

NOTICE TO MINNESOTA APPLICANTS: "A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

NOTICE TO NEVADA APPLICANTS: "PUSUANT TO NRS 686A.291, ANY PERSON WHO KNOWINGLY AND WILLFULLY FILES A STATEMENT OF CLAIM THAT CONTAINS ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION CONCERNING A MATERIAL FACT IS GUILTY OF A FELONY."



NOTICE TO NEW HAMPSHIRE APPLICANTS: "ANY PERSON WHO, WITH PURPOSE TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS SUBJECT TO PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD AS PROVIDED IN RSA 638:20."

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 LOUISIANA AND 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, 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" (365:15-1-10, 36 §3613.1).

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 TENNESSEE AND 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."

## SIGNATURES

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(signature of owner or officer of corporation)

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(print name & title)

BROKER/AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(print name of firm & license number)