



AG DEALERS POLLUTION CLEANUP PROGRAM RENEWAL APPLICATION
 (THIS APPLICATION IS FOR A CLAIMS MADE POLICY)

APPLICANT'S INFORMATION

APPLICANT NAME:			
BUSINESS NAME:			
INSPECTION CONTACT:		PHONE:	
MAILING ADDRESS:			
PHYSICAL ADDRESS:	<input type="checkbox"/> Same as above		
TYPE OF BUSINESS:	<input type="checkbox"/> Corporation <input type="checkbox"/> Municipality <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Non Profit	<input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture

GENERAL INFORMATION

- To the best of your knowledge, are you in compliance with all federal, state and local safety, health environmental regulations and notifications requirements? No Yes
If "No," attach an explanation.
- Has any location received a notice of regulatory violations, or sustained any pollution related claims, liability lawsuits, or complaints from neighbors during the last five years? No Yes
If "Yes," attach an explanation.
- Has any location ever had a reportable leak, spill or release of fertilizers or agrichemicals? No Yes
If "Yes," attach an explanation.
- Is any facility a state or federal Superfund site, or eligible to become a Superfund site? No Yes
If "Yes," attach an explanation.
- Are any pesticides, fertilizers or hazardous chemicals manufactured at any facility? No Yes
If "Yes," attach an explanation.

I CERTIFY THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE CORRECT. IF ANY INFORMATION SUPPLIED ON THIS APPLICATION SHOULD CHANGE BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, I WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGE. I AGREE THAT THIS APPLICATION SHALL BE DEEMED TO BE ATTACHED TO AND MADE PART OF THE POLICY, IF ISSUED, AS IF PHYSICALLY ATTACHED TO THE POLICY. I ALSO UNDERSTAND THAT ANY MISREPRESENTATION OF INFORMATION CONTAINED IN THIS APPLICATION COULD RESULT IN THE POLICY BEING VOIDED.

I UNDERSTAND THAT THE COMPANY WILL RELY ON THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION AS THE BASIS FOR DECIDING WHETHER AN INSURANCE POLICY WILL BE ISSUED.

I HEREBY AUTHORIZE THE COMPANY TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY. THE UNDERSIGNED HEREBY AUTHORIZES THE RELEASE OF LOSS INFORMATION FROM ANY PRIOR INSURER TO THE COMPANY. IN THIS REGARD, I CERTIFY THAT I WILL EXECUTE WHATEVER AUTHORIZATIONS OR RELEASES MAY BE NECESSARY TO PERMIT THE COMPANY TO SECURE ANY SUCH INFORMATION.

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

APPLICANT'S SIGNATURE: _____
TITLE: _____ DATE: _____

FACILITY NAME/ADDRESS:

1. Please describe any improvements (e.g., installation of secondary containment or other pollution prevention measures) made at this facility in the past 12 months: _____

2. Have any chemical or fertilizer tanks been added or removed? No Yes
If "Yes," please describe: _____

3. Have any petroleum storage tanks been added or removed? No Yes
If "Yes," please describe: _____

4. Have any tanks been upgraded, lined, tested or repaired? No Yes
If "Yes," please describe: _____

5. Comments: _____

Please provide answers to the following questions if you currently have these coverages. If you do not have these coverages but would like a quote, please indicate.

- Transit Coverage – delivery radius from this facility (miles) _____
- Above Ground Petroleum Storage Tanks – indicate the number of tanks, year installed, capacity(ies), and method of secondary containment: _____

- Underground Petroleum Storage Tanks – indicate the number of tanks, year installed and construction (A separate application will be required) _____

- Applicators Spill Coverage – indicate your annual receipts for product application: _____

- Lost/Damaged Product Replacement Cost Coverage – indicate the maximum value (your cost) of product stored at your facility at any one time: _____
- Third Party Property Damage: _____
