



PLEASE CAREFULLY READ AND COMPLETE THIS APPLICATION. SOME RESPONSES MAY REQUIRE MORE SPACE THAN THAT PROVIDED IN THE APPLICATION ITSELF. PLEASE PROVIDE THOSE RESPONSES ON A SEPARATE PAGE AND ATTACH IT TO THIS APPLICATION.

I. APPLICANT INFORMATION

1.1	Proposed First Named Insured*: *This entity will be referred to herein as the "Applicant"	Phone:
1.2	Location Address: City, State, ZIP:	Email: Website(s):
1.3	Year Established: Type of Business:	
	<input type="checkbox"/> Sole-Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint-Venture (JV) <input type="checkbox"/> LLC <input type="checkbox"/> If JV or Other, please describe	
1.4	List all Other Named Insureds/Subsidiary Companies for which coverage is being requested under the proposed policy:	
	Other Named Insured/Subsidiary	Description of Operations
		% of Applicant's Total Annual Sales derived from 'Other'
1.5	Are any of the of entities listed in 1.5 above dissolved, dormant or inactive or in bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If so, please list these entities below (or in an attachment if more room is needed) with a brief explanation for each:	

II. EXPOSURE BASIS

2.1		Gross Annual Revenues	Alternative Exposure Basis (i.e., volume, weight, etc.)
	Estimated for Next Policy Period	\$	
	For Expiring Policy Period	\$	
	One Year Prior to Expiring Policy Period	\$	
	Two Years Prior	\$	
	Three Years Prior	\$	

III. COVERAGE

3.1	Requested Coverage: <input type="checkbox"/> General Liability (GL) <input type="checkbox"/> Environmental Impairment Liability (EIL) <input type="checkbox"/> Contractors Pollution Liability (CPL) <input type="checkbox"/> Transportation Pollution Liability (TPL) <input type="checkbox"/> Products Pollution Liability (PPL) <input type="checkbox"/> Non-Owned Disposal Sites (NODS)								
	What is the requested Effective Date for the coverages indicated above?								
	Coverage	Limits of Liability	Deductible	Occurrence or Claims Made	Retroactive Date				
	GL	Each Occ/ Claim Aggregate		<input type="checkbox"/> OCC <input type="checkbox"/> CM					
	EIL	Each Occ/ Claim Aggregate		<input type="checkbox"/> OCC <input type="checkbox"/> CM					
	CPL	Each Occ/ Claim Aggregate		<input type="checkbox"/> OCC <input type="checkbox"/> CM					
	TPL	Each Occ/ Claim Aggregate		<input type="checkbox"/> OCC <input type="checkbox"/> CM					
	PPL	Each Occ/ Claim Aggregate		<input type="checkbox"/> OCC <input type="checkbox"/> CM					
	NODS	Each Occ/ Claim Aggregate		<input type="checkbox"/> OCC <input type="checkbox"/> CM					
3.2	Existing Coverage*: <input type="checkbox"/> GL <input type="checkbox"/> EIL <input type="checkbox"/> CPL <input type="checkbox"/> TPL <input type="checkbox"/> PPL <input type="checkbox"/> NODS								
	Coverage	Effective Date	Expiration Date	Carrier	Premium	Limits of Liability	Deductible	Occurrence or Claims Made	Retroactive Date
	GL					Each Occ/ Claim Aggregate		<input type="checkbox"/> OCC <input type="checkbox"/> CM	
	EIL					Each Occ/ Claim Aggregate		<input type="checkbox"/> OCC <input type="checkbox"/> CM	
	CPL					Each Occ/ Claim Aggregate		<input type="checkbox"/> OCC <input type="checkbox"/> CM	

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TPL					Each Occ/ Claim	<input type="checkbox"/>	OCC
					Aggregate	<input type="checkbox"/>	CM
PPL					Each Occ/ Claim	<input type="checkbox"/>	OCC
					Aggregate	<input type="checkbox"/>	CM
NODS					Each Occ/ Claim	<input type="checkbox"/>	OCC
					Aggregate	<input type="checkbox"/>	CM

***PLEASE ATTACH THE DECLARATIONS PAGE FOR EACH OR YOUR CURRENT COVERAGES.**

IV. PROPERTIES/FACILITIES FOR WHICH COVERAGE IS SOUGHT

- Please list all Properties/Facilities for which Applicant is requesting coverage.
- Attach any available loss control surveys, environmental reports and/or permits with this Application.
- Please respond to Questions 4.2 through 4.5 for each respective Property/Facility listed in 4.1. If more space is needed, please provide this information in an attachment to this Application.

4.1	Address of Property/Facility	Owned or Rented/Leased by Applicant?	Type of Property/Facility (Manufacturing, Warehouse, Office, etc.)	Description of Operations at Property/Facility	Retroactive Date Requested (if applicable)
4.2	Describe security features for each property/facility (fencing, alarm systems, cameras, etc.):				
4.3	Describe fire safety features/equipment for each property/facility (sprinklers, standpipes, fire extinguishers, etc.):				
4.4	Describe any third-party access, and frequency thereof, for each property/facility:				
4.5	Do you generate any waste at any property/facility for which you are seeking insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If so, please describe the waste disposal process at each respective property/facility. In addition, please list all names/addresses of all other facilities to which such waste is sent.				

V. STORAGE TANKS

Attach a separate schedule of Storage Tanks for which coverage is sought, if necessary.

5.1 Location of Storage Tank	AST/UST	Age	Construction	Contents	Secondary Containment

VI. PRODUCTS AND PRODUCT-RELATED SERVICES OF APPLICANT

6.1 Type of Operations	% of Applicant's Total Annual Sales	
Product manufacturing only	%	
Product mixing and/or blending only	%	
Product distribution only (no manufacturing, mixing, blending, repackaging, etc.)	%	
Product distribution with repackaging and/or labeling	%	
Product brokering (no physical possession)	%	
Other, please describe:	%	
Total (must equal 100%)	%	
6.2 List Applicant's three largest products, by total annual sales, and indicate what industry these products are affiliated with.		
Product	Total Annual Sales	Industry
	\$	
	\$	
	\$	
6.3 To what market are your products directed (consumer, contractor, industrial, etc.)?		
6.4 Are any of Applicant's products manufactured by a third-party for Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, please provide details:		

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6.5	Does Applicant have written testing procedures in place for its products? If so, please attach a copy of these procedures and explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.6	Does Applicant have written quality control and quality assurance procedures in place for its products? If so, please attach a copy of these procedures and explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.7	How long does Applicant retain records for its products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.8	With regards to Applicant's supplier and vendors, is Applicant seeking Additional Insured status for such parties under the proposed insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.9	Does Applicant enter into written contracts with such parties that include indemnity or hold harmless provisions in favor of Applicant? If so, please provide a sample vendor/supplier contract.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.10	Have any of Applicant's products been discontinued?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.11	Have any of Applicant's products been recalled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.12	Does Applicant have a formal product recall procedure in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.13	For Applicant's products, are labels, warranties, instruction manuals, advertisements and other product-related materials and communications reviewed by legal counsel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.14	Does Applicant import any products or component parts for its products? If so, from what countries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.15	Does Applicant export any of its products? If so, what percentage of Applicant's total annual sales are derived from exported products? List countries to which Applicant exports its products:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.16	Are any of Applicant's products certified by ISO, or by any other industrial organization? Please list products and certifications.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.17	Does Applicant install any products for its customers or third parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VII. EXCESS COVERAGE

N/A

7.1	Excess Limits requested by Applicant: Per Occurrence: \$	Aggregate: \$
7.2	Applicant's primary Auto and Employer's Liability coverage: (COMPLETE ONLY IF YOU ARE REQUESTING EXCESS AUTO OR EMPLOYER'S LIABILITY COVERAGE.)	
	Auto Liability	Employers Liability
	Carrier	
	Limits	
	Premium	
7.3	Auto Information:	
	Vehicle Type	Number of Units
	Type and Amount Cargo Hauled	Radius of Operation (indicate one)
		Local: <50 miles, Intermediate: 50 – 200 miles, Long: >200 miles
	Private Passenger	
	Light Truck	
	Medium Truck	
	Heavy Truck	
	Extra-Heavy Truck or Truck/Tractor	
	Other, please specify:	
7.4	Does Applicant have an auto safety program in place? If so, please attach a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5	Does Applicant have a fleet manager? If so, what are their responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.6	Does Applicant check MVRs at least annually for each of its drivers? If so, how are driver violations handled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.7	Does Applicant have a vehicle maintenance program in place? If so, please briefly detail:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.9	Are Applicant's drivers monitored via GPS and/or speed alerts?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VIII. CLAIMS/CIRCUMSTANCES

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

PLEASE PROVIDE FIVE (5) YEARS OF LOSS INFORMATION WHEN SUBMITTING THIS APPLICATION.

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.2	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 for environmental damage, or for bodily injury or property damage arising from the release of hazardous substances or other pollutants into the environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.5	Has Applicant or any proposed insured ever paid out more than \$25,000 for any one claim or loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you responded "Yes" to any of the above questions in this section, please provide full details in an attachment to this Application.

NOTICE: The policy applied for, if issued, will not insure: any claim, suit, regulatory investigation or proceeding or other proceeding or incident disclosed, or which should have been disclosed, in response to the above; or any claim, suit, regulatory investigation or proceeding or other proceeding that arises from any event, fact, circumstance, situation, demand, act, error or omission disclosed, or which should have been disclosed in response to the above.

IX. ADDITIONAL INFORMATION

9.1 Use this space to provide any additional information or to further explain portions of the application that did not allocate adequate space:

FRAUD WARNINGS

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 and subjects that person to criminal and civil penalties.

(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD only.

APPLICABLE IN CO

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 Agencies.

APPLICABLE IN FL AND OK

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)*. *Applies in FL only.

APPLICABLE IN KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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APPLICABLE IN KY, NY, OH AND PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN ME, TN, VA AND WA

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 and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN NJ

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 OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

REPRESENTATIONS AND SIGNATURE

By signing this Application, the undersigned represents, on behalf of the Applicant and all proposed insureds, the following:

- a. After conducting due diligence, the statements in the Application and Supplemental Application furnished to the Company are accurate and complete;
- b. Those statements furnished to the Company are representations Applicant makes on behalf of all proposed Insureds;
- c. Those representations are a material inducement to the Company to provide a premium proposal;
- d. If a policy is issued, the Company will have issued this Policy in reliance upon those representations;
- e. If there is any material change in the Applicant's condition or in the Applicant's activities, services, or answers provided in this Application that occurs or is discovered between the date this Application is signed and the Effective Date of any policy, if issued, Applicant will immediately report such material change to the Company in writing; and
- f. The Company reserves the right, upon receipt of such notice, to change or rescind any proposal previously offered by the Company.

As used above, the term "Company" refers to Capitol Specialty Insurance Corporation.

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.

This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.

Signature of Authorized Representative of Applicant

Title

Type / Print Name of Authorized Representative

Date

Producer Signature

Date