

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

Fertilizer Manufacturing Processing Or Sales Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

GENERAL INFORMATION

Experience of management and staff: _____

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____

EACH OCCURRENCE \$ _____

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____

MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

DESCRIPTION OF PREMISES

1. How close is your facility to the nearest community?

Less than one mile

1 to 5 miles

5 to 10 miles

Over 10 miles

What measures have you established to alert surrounding community(ies) in the event of a serious chemical leak?

DESCRIPTION OF PREMISES (CONTINUED)

2. Do you maintain an on-site fire fighting department? Yes No

If yes, provide details of all equipment available.

3. Is your facility inspected on a regular basis? Yes No

4. Have you ever been in violation of any State, Local, or Federal regulations? Yes No

If yes, explain. _____

5. Provide complete description of the premises – including tanks, storage buildings, bulk silos or mixing and blending areas. _____

6. Do you maintain a no-smoking environment? Yes No

7. Please provide Sales, Receipts, or Cost Figures below.

Mixing or Blending of Product \$ _____ Delivery Of Product \$ _____

Application of Product (spraying) \$ _____ Cost of Sub-Contractors \$ _____

Application of Product (other) \$ _____ Other (Describe below) \$ _____

Describe any additional exposures not mentioned above.

OPERATIONS

1. What kind of fertilizer do you manufacture or transport?

2. Do you maintain a fleet? Yes No

3. What are the ages, training and experience of all drivers?

4. What is the maximum radius of operations? _____

5. What quality control measures do you take to test products before distribution?

6. Do fertilizer packages have clear warning labels on them? Yes No

7. Are storage facilities & process machinery regularly inspected and serviced? Yes No

OPERATIONS (Continued)

8. Are storage facilities and process units used to contain acids checked for metal fatigue? Yes No
 Provide complete maintenance details. _____

9. What is the total storage capacity? _____

10. Is the fertilizer stockpile divided among several storage facilities? Yes No

11. Do you store or process anhydrous ammonia? Yes No

12. What are the average and maximum amounts of fertilizer exposed to loss during transit?

Average _____ Maximum _____

13. To what extent is the manufacturing, mixing, blending or distributing process computerized?

14. Do you have storage tanks? Yes No

If yes, complete the chart regarding tank exposures.

STORAGE TANKS – GENERAL INFORMATION

LOC #	CAPACITY	AGE	ABOVE OR BELOW GROUND	ON SADDLES OR CONCRETE PADS	TYPE OF MONITORING SYSTEM	CONSTRUCTION OF TANKS	CONSTRUCTION OF DIKE	FENCED YES/NO

STORAGE TANKS – GENERAL INFORMATION (continued)

LIST EACH TANK SEPARATELY

- a. Any exposure to streams, rivers, lakes or other water sources? Yes No
If yes, give complete description of exposures. _____

- b. On a separate piece of paper, draw a diagram showing:
 - The location of each tank and distance between tanks,
 - The type of property on all four sides of each location and the distance (in feet) from the tanks.

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: 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.

Colorado: 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.

Florida: 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.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: 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.

Maine, Tennessee, Virginia, Washington: 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.

Maryland: 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.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: 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.

New York: 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.

Oklahoma 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.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date