



AG DEALERS CHOICE POLLUTION PROGRAM 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"/> Individual	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Municipality	<input type="checkbox"/> Non Profit	<input type="checkbox"/> Joint Venture
	<input type="checkbox"/> OTHER:		

GENERAL INFORMATION

The Colony Ag Dealers Choice Program provides **Site Pollution Cleanup Costs Coverage**. Coverage is provided for onsite and offsite cleanup costs resulting from a sudden and accidental release of agrichemicals or fertilizers at or from a scheduled facility.

SUPPLEMENTAL COVERAGES – please indicate those coverages for which you would like a quote.

- Transit Pollution Cleanup Costs Coverage**
Coverage for cleanup costs for sudden and accidental spills occurring during the transportation of agrichemicals or fertilizers from your facility over public roads.
- Applicators Cleanup Costs Coverage**
Coverage for cleanup of sudden and accidental spills occurring during the application of agrichemicals or fertilizers to the property of others.
- Third Party Property Damage Liability Coverage**
Coverage for third party property damage caused by a sudden and accidental release of a pollutant from your facility.
- Lost Product Replacement Coverage**
Coverage to replace lost or damaged product (up to \$100,000) due to a covered loss.
- Above Ground Petroleum Storage Tank Coverage**
Coverage for onsite and offsite cleanup costs resulting from a sudden and accidental release of petroleum products.
- Underground Petroleum Storage Tank Coverage**
Coverage for sudden or gradual releases of petroleum from underground petroleum storage tanks at your facility. A separate policy is issued for this coverage.



Ag Dealers Pollution Cleanup Program
APPLICATION FOR POLLUTION CLEANUP INSURANCE
(THIS APPLICATION IS FOR A CLAIMS MADE POLICY)

GENERAL INFORMATION

- 1. To the best of your knowledge, are you in compliance with all federal, state and local safety, health, environmental regulations and notification requirements?
2. 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?
3. Has any location ever had a reportable leak, spill or release of fertilizers or agrichemicals?
4. Is any facility a state or federal Superfund site, or eligible to become a Superfund site?
5. Are any pesticides, fertilizers or hazardous chemicals manufactured at any facility?
6. Are any fertilizers manufactured at any facility?

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 : _____

COMPLETE THESE TWO PAGES FOR EACH FACILITY TO BE INSURED.

1. Facility Address: _____

2. A. How many vehicles do you use to transport fertilizer and chemicals offsite? _____
 B. What is the radius of your operation? _____ miles.

3. How is fertilizer delivered to this facility? (Estimated): Truck ___ % Rail ___ % Other: _____

4. Does this facility have a warehouse for chemical storage? If yes, please circle all that apply. If you have more than one warehouse, please indicate the characteristics that apply by labeling each (e.g., WH1, WH2).

Warehouse Construction: Frame, Sheet metal, Masonry, Fire resistive, Other: _____

Warehouse Fire Protection: Sprinklers, Alarms, Extinguishers, Brigade, Other: _____

Warehouse Secondary Containment: Curbs or berms, Concrete floor, Other: _____

5. Please check the secondary containment present at the following areas of this facility:

	Concrete Pad	Curbing	Diking	Containment Sump	Other
Loading areas:					
Unloading areas:					
Mixing/blending:					

6. Please indicate the number of Above Ground Storage Tanks at this facility by content:

	# Tanks	Total Capacity	Construction	Age	Diking/Secondary Containment
Fertilizer Tanks:					
Chemical Tanks:					
Petroleum Tanks: (above ground)					
Petroleum Tanks: (underground)					

7. Provide the following information for each tank having a capacity greater than 100,000 gallons:

Capacity	Contents	Installed	Method of Secondary Containment	Containment Capacity

8. For the tanks listed in question 7, please describe any inspections, structural stability testing, weld testing, improvements or upgrades, when performed, and detail any planned upgrades or testing.

9. For the tanks listed in question 7, please attach a site diagram showing the locations of these tanks, the secondary containment structure, and proximity to any waterways.

10. Is any product (fertilizer, chemical or petroleum products) delivered via underground piping? No Yes

If "Yes," please describe the construction material of the piping and the length of piping that is underground: _____

11. Do you have any plans to upgrade this facility? No Yes

If "Yes," please describe: _____

12. How do you secure this facility? (E.g., fences, guards, alarms, etc.): _____

13. Have any chemicals been buried, burned, dumped or otherwise disposed of at this facility? No Yes

If "Yes," please explain: _____

14. Is there a drinking water well located at this facility? No Yes

If "Yes," please describe its location: _____

Complete questions 15 and 16 if you are applying for Lost Product Replacement Coverage.

15. What is the maximum value (your cost) of fertilizers and chemicals stored at this facility at any one time? _____

16. What is the maximum value (your cost) of fertilizers and chemicals stored in any one warehouse at any one time? _____

Complete questions 17 and 18 if you are applying for Applicators Cleanup Costs Coverage.

17. What are your gross receipts from the application of chemicals and/or fertilizers to the property of others?
Previous season: \$ _____ Estimated next season: \$ _____

18. Have you ever incurred any cleanup costs or received any pollution-related claims arising from the application of chemicals or fertilizers? No Yes

If "Yes," please describe: _____