



MANUFACTURING APPLICATION

SECTION 1 – APPLICANT INFORMATION

Applicant (Full Legal Name): _____

Mailing Address of Applicant: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Website: _____

Contact Name: _____ Title: _____

Date Established: _____

Company Type: ☐ Corporation ☐ Individual ☐ Partnership
☐ Joint Venture ☐ Other: _____

List all Named Insureds/Subsidiary Companies for which coverage is requested:

Named Insured/Subsidiary Company	Description of Operations	Revenues
		\$
		\$
		\$
		\$

1. Has your firm experienced any merger, acquisition, consolidation or divestiture? ☐ Yes ☐ No

If yes, please explain:

2. Has the applicant ever had a policy declined, cancelled or non-renewed for any reason? ☐ Yes ☐ No

If yes, please explain:

SECTION 2 – CURRENT INSURANCE

Current Pollution Insurance (if any)

Carrier	Limits	Premium	Effective Date	Deductible	Retro Date
	/	\$			

3. Has any location, operation or product been excluded, limited in coverage, or self-insured?

☐ Yes ☐ No If yes, please explain:

SECTION 3 – REQUESTED COVERAGE

Quote Need by Date: _____ Proposed Effective Date: _____

Limit			Deductible		
<input type="checkbox"/> \$1M / \$1M	<input type="checkbox"/> \$2M / \$2M	<input type="checkbox"/> \$5M / \$10M	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$50,000
<input type="checkbox"/> \$1M / \$2M	<input type="checkbox"/> \$5M / \$5M	Other _____	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$25,000	Other _____

Is an umbrella policy needed? ☐ Yes ☐ No If yes, please complete and send ACORD umbrella app.

SECTION 4 – SITE INFORMATION for POLLUTION LEGAL LIABILITY

If available, please provide copies of Phase I or Phase II Environmental Site Assessments or any other Environmental Surveys or Audits conducted at the location(s) within the past three years.

Proposed Insured Properties – Owned and operated by any named insured:

Location Address (Include City & State)	Description of Operations at Location	Retro Date

Proposed Insured Properties – Not owned or operated by any named insured:

Example: non-owned landfills, injection wells, recycling/treatment facilities, incinerators or non-owned warehouses

Location Address (Include City & State)	Description of Operations at Location	Retro Date

STORAGE TANKS

4. Does this location have any above ground (AST) or underground storage tanks (UST)?

☐ Yes ☐ No If no, please skip to question #24 below.

If yes, please complete the table below and answer questions 20 – 23.

AST or UST	Capacity (gallons)	Contents	Age (years)	Construction Material	Secondary Containment Type	Secondary Containment Volume	Tightness Test Anniversary Date

5. Explain any tank inventory control and/or testing methods used (attach copies of latest results):

6. Are all UST's in compliance with the 1998 USEPA Standards for leak detection, overflow protection, and corrosion protection? ☐ Yes ☐ No If no, indicate why:

7. Distance of the tanks from the legal boundary of this location:

☐ At location boundary ☐ Less than 50 ft. ☐ More than 50 ft. from legal boundary

8. Are you aware of any tanks previously existing at this location which have been removed or closed in place?

☐ Yes ☐ No

If yes, were they closed in accordance with applicable Local, State and/or Federal regulations?

☐ Yes ☐ No

TRANSPORTATION

Complete only in class 1 or class 2 if exposure is present

Average Number of Owned and Operated Daily Shipments			Average Number of Common Carrier Daily Shipments		
Vehicle Type	Material Hauled		Vehicle Type	Material Hauled	
	Class 1	Class 2		Class 1	Class 2
Truck			Truck		
Rail			Rail		
Watercraft			Watercraft		
Aircraft			Aircraft		

Class 1: Solid hazardous material such as asbestos, lead and contaminated soil and all other liquids and gasses not listed in class 2.

Class 2: All petroleum products, toxic or flammable chemicals, gases or other liquids, radioactive material, explosives.

9. Is the average trip over 100 miles? ☐ Yes ☐ No

SECTION 5 – PREMESIS INFORMATION

Please indicate the number of:

Offices: Manufacturing Warehouse/Storage

Multi-Use: Please Describe:

Other: Please Describe:

10. Describe any security at the premises such as surveillance cameras, fencing, security guards, alarms, etc...

11. Do you have tenants at any of your owned properties? ☐ Yes ☐ No If yes, please describe.

12. Do you conduct public tours at any of your owned/operated properties? ☐ Yes ☐ No If yes, describe

SECTION 6 – PRODUCTS AND SERVICES

13. List your 3 main products or product categories:

Product/Product Categories:	Percent of Sales	
		%
		%
		%

Industrial % Intermediate Industrial % Contractor % Retail %

14. Business activity for the next twelve months:

Description of Operations		Sales
Manufacturing of product to own specifications		\$
Manufacturing of product to customer specifications		\$
Manufactured/processed by third parties		\$
Mixing or blending		\$
Distribution – no mixing, blending, or repackaging		\$
Distribution with repackaging/labeling		\$
Broker drop/ship (no physical possession)		\$
Waste treatment storage facilities		\$
Please Describe:		
Other		\$
Please Describe:		

15. Is there a written quality control procedure for:

Raw Materials ☐ Yes ☐ No
Work In Progress ☐ Yes ☐ No
Finished Product ☐ Yes ☐ No

16. Are all labels, instructions, operating manuals, advertisements and warranties periodically reviewed by legal counsel or others? ☐ Yes ☐ No If yes, please explain.

17. Have any products been discontinued, recalled, retrofitted or significantly modified?

☐ Yes ☐ No If yes, please describe.

18. Do you enter into indemnity or hold harmless agreements in connection with your business?

☐ Yes ☐ No If yes, please describe.

19. Do any of your products involve any form of nanotechnology and/or incorporate or utilize material designed or manipulated at the nanoscale? ☐ Yes ☐ No If yes, please explain.

20. Do any of your products involve any form of diacetyl? ☐ Yes ☐ No If yes, please describe.

21. Is there a formal certificate of insurance program for your suppliers? ☐ Yes ☐ No If yes, describe.

22. Do you import products or component parts? ☐ Yes ☐ No If yes, please explain.

23. Do you export products? ☐ Yes ☐ No If yes, please complete.

Country	Annual Revenue
	\$
	\$
	\$

24. Do you require additional insured status from your suppliers? ☐ Yes ☐ No

25. Do you test incoming raw materials/component parts and outgoing products? ☐ Yes ☐ No

26. Do you perform the installation and maintenance of your product(s) ☐ Yes ☐ No

If yes, please explain – including how often.

27. Do you arrange for subcontractors to install, service or repair your products? ☐ Yes ☐ No

If yes, do you require certificates of insurance evidencing a minimum of \$1M in limits? ☐ Yes ☐ No

If no, what is the minimum required? \$

28. Do you perform any other operations away from the premises you own or occupy?

☐ Yes ☐ No If yes, please explain.

29. Are you certified by ISO or any other industrial organization? ☐ Yes ☐ No If yes, describe.

30. How long do you retain records for the following?

Batch Samples: Quality Control Reports:

Shipments: Complaints:

31. Do you belong to any trade or professional associations? ☐ Yes ☐ No If yes, state which

SECTION 7 – WARRANTY STATEMENTS AND SIGNATURE

32. Have you ever had a claim or loss over \$50,000 ☐ Yes ☐ No If yes, please detail.

33. In the last five 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 provide details.

34. In the last five years, has the applicant been prosecuted or is the applicant currently being prosecuted for contravention of any standard or law relating to the release or threatened release of a hazardous substance/waste or other pollutant as defined by applicable environmental statutes or regulations?

☐ Yes ☐ No If yes, please provide details.

35. List all claims made against the applicant during the past five years for cleanup or response action, "toxic tort" or other bodily injury, or property damage, resulting from the release of hazardous substances, hazardous waste, or other pollutant, from this location or other locations owned or operated by the applicant, into the environment.

Please provide a brief description of the claim(s) and their disposition:

None to Report ☐

36. List all claims made against the applicant during the past five years for bodily injury, property damage, or environmental damage resulting from the ingestion, inhalation or release of any hazardous substances, including, but not limited to, diacetyl, asbestos, lead, silica, or benzene, or any other pollutants whatsoever related to any of your products.

Please provide a brief description of the claim(s) and their disposition:

None to Report ☐

For the purpose of Questions 37 and 38 below, "you" means the manager or supervisor of the applicant responsible for environmental affairs, control or compliance, or any manager of the location(s) which is the subject of this application, or any officer, director or partner of the applicant.

37. At the time of the signing of this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental damage, or for bodily injury or property damage arising from the release of hazardous substances or other pollutants into the environment? ☐ Yes ☐ No If yes, please provide details

38. At the time of the signing of this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for bodily injury or property damage arising from the ingestion, inhalation or release of hazardous substances or other pollutants related to any of your products? ☐ Yes ☐ No If yes, please provide details

Notice to 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 act, which is a crime and may subject such person to criminal and civil penalties.

Notice to Alabama Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Notice to Arkansas, New Mexico and West Virginia 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 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 of the third degree.

Notice to Kansas Applicants: Any person who knowingly and with intent to defraud, presents, causes to be presented or prepared with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written 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 material 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.

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 Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

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 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 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, 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.

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 Oregon 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, may be guilty of a fraudulent act, which may be a crime and may subject such person to criminal and civil penalties.

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, Virginia and Washington 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.

Notice to Vermont Applicants: 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.

This application does not bind the applicant to buy, or the company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made a part of the policy. The undersigned applicant declares, warrants and represents that the statements set forth in this application are true and that no material facts have been suppressed or misstated. The applicant further declares, warrants and represents that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such changes, and the company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

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.

Further, the insured hereby acknowledges that he/she/it is aware that the limit of liability contained in the contractors pollution liability policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the company shall not be liable for the costs of legal defense or for the amount of any judgment or settlement or cleanup costs to the extent that such exceeds the limit of liability of this policy.

The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

Applicant Signature: _____ Date: _____

Applicant Print Name: _____ Title: _____