



PRODUCTS - POLLUTION LIABILITY INSURANCE

This application is for pollution liability arising out of products. Products coverage may be obtained through the use of the following insurance products:

- Products Pollution Liability Policy
- Commercial General Liability Policy with products – pollution coverage
- Pollution Legal Liability – products coverage

This application is for all types of products however, coverage offering may be restricted based on the type of product to be insured.

NOTE: This application is used to create a formal submission to generate quotes for insurance from various environmental liability insurance carriers. Upon selection of the insurance program, the selected carrier will require their application to be completed prior to binding coverage.

New Day Underwriting Managers PRODUCER CODE: _____

SECTION I – PROGRAM REQUEST

(Please check one of each of the following):

Limits

\$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 Other (specify): _____

Retention

\$10,000 \$25,000 \$50,000 \$100,000 Other (specify): _____

If requesting project specific coverage, please provide the following:

- a. Project values: \$ _____
- b. Description of project: _____
- c. Product used: _____
- d. Intended use of the product: _____

SECTION II – GENERAL INFORMATION

1. APPLICANT

Name: _____

Address: _____

Contact: _____ Title: _____

Telephone: _____ Fax: _____

E-Mail Address: _____ Web Site: _____

Federal Employer Identification Number: _____

EPA Identification Number (If Applicable): _____

2. Provide description of products offered:

SECTION III - INSURANCE SECTION

1. Current Pollution Coverage

Coverage Form	Carrier	Term	Limits	Retention	Retroactive Date (if any)	Premium
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$

2. Has any insurance company denied, canceled or non-renewed pollution liability coverage?..... Yes No
 If yes, give details: _____

SECTION IV – PRODUCT INFORMATION

1. Who performs the installation and maintenance of the product(s)?
 - a. Applicant. State applicable payroll \$ _____
 - b. Customer
 - c. Third party hired by: 1. Customer 2. Applicant
 - A) what are minimum insurance limits required by applicant? \$ _____
 - B) what is the cost of subcontractors ? \$ _____
2. Have any products been discontinued? Yes No
 If yes, state reason, year discontinued, and sales for that year and two prior years: _____
3. Does the applicant retain the liability for any products or operations which they no longer control? .. Yes No
 If yes, please explain: _____
4. Have any products been acquired by merger or acquisition? Yes No
 If yes, please explain: _____
5. Does the applicant import products or component parts? Yes No
 If yes, please explain: _____
6. Has the applicant ever recalled products due to potential safety hazards or provided material or Information for a retrofit of one of the products? Yes No
 If yes, please attach details and state percentage of product retrofitted or recovered: _____
7. Are any of the applicant's products intended for use on or in connection with:
 - a) aircraft or missiles? Yes No
 - b) watercraft? Yes No
 - c) offshore operations? Yes No
 - d) or other goods? Yes No
8. Does the applicant require certificates of insurance from suppliers? Yes No
 If yes, indicate minimum limit acceptable: _____
9. Does the applicant provide insurance for distributors?..... Yes No
 If yes, please provide details: _____
10. Are the applicant's product(s) designed, tested, labeled, and manufactured to meet or exceed all industry or government standards? Yes No
11. State which standards or approval agencies are used: _____

SECTION V – CLAIMS AND COMPLIANCE HISTORY

- 1. With regard to products liability claims history, please list all claims in the past five (5) years, both total losses from first dollar, indemnity and expenses and specific data on individual losses paid or reserved. Also, please indicate if there have been any losses which exceeded the primary policy limit:

- 2. Have any of the applicant's products ever been subject to governmental inquiry or investigation relative to product safety? Yes No

If yes, provide details: _____

- 3. Has there been a significant change in your products or mix of products sold in the last five years? Yes No

If yes, please explain: _____

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

NOTICE TO 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.

If insurance is bound, Insurers will require its own application to be completed and signed by an authorized officer of the applicant.

 (Signature - Authorized Officer of the Applicant)

 Title

 Date

Producer Name: _____

Agency Name: _____

Agency Address: _____

Producer Signature: _____