

Z Choice Pollution Liability Application for Golf Courses



THIS APPLICATION IS FOR A POLICY PROVIDING COVERAGE ON A DISCOVERY AND/OR CLAIMS MADE AND REPORTED BASIS DEPENDING UPON THE COVERAGE LISTED AS PROVIDED IN THE DECLARATIONS. PAYMENT OF DEFENSE COSTS ERODES THE APPLICABLE LIMITS OF LIABILITY.

Steadfast Insurance Company

Dover, Delaware

Administrative Offices:

Zurich Towers, 1400 American Lane, Schaumburg, Illinois 60196-1056

Instructions

1. All questions must be answered.
2. If space is insufficient, attach additional sheets of paper, or utilize blank sheet at the end of the application.
3. As applicable, please attach the following:
 - Single "covered location" submission*
 - a. Loss information or reports of any discharges, releases or spills that could reasonably be expected to result in loss.
 - b. Copies of environmental assessments.
 - c. Emergency response or spill contingency plans (if any).
 - Multiple "covered location" submission*
 - a. All information required for single "covered location" submission.
 - b. Details of any due diligence process in use, to include a copy of any written procedures and/or policies.
 - Additional insureds*
 - a. Name and address
 - b. Relationship to Named Insured

I. General Information

1. Named Insured

2. Mailing address

City

State

ZIP code

3. Street address

City

State

ZIP code

4. Telephone number

5. Fax number

STF-GC-101-A CW (05 /10)

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If you want to learn more about the compensation Zurich pays agents and brokers visit:

<http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries

6. Contact name and title

7. E-mail address

8. Internet website address

9. Named Insured is a:

- Corporation
- Partnership
- Joint venture
- Individual
- Other _____

10. Proposed effective date of coverage _____

11. During the last three (3) years has any insurance been declined or canceled? Yes No

If "Yes", provide details

12. Please provide a list of environmental insurance policies for the past three (3) years relevant to the locations for which this coverage is being sought. Attached list should specifically list the dates of issuance, identification of the carrier, applicable retroactive dates (if any), and limits of liability.

13. What is the property interest of the Named Insured

- Owner
- Tenant
- Partner
- Other (please specify) _____

14. Is the Named Insured aware of any contamination on the property(ies), or on any of the immediately adjacent properties which may impact the insured location?

Yes No

If "Yes", attach detailed explanation.

15. Is the Named Insured aware of any natural resource damage, assessments or any threat to endangered species, protective habitat or other similar resources/species?

Yes No

If "Yes", attach detailed explanation.

16. Does the Named Insured subcontract with any third party vendor for any aspect of its business, including, but not limited to any turf management operations?

Yes No

If Yes, please attach detailed explanation including, but not limited to, identification of particular aspects that are subcontracted.

17. Is the Named Insured the successor in interest to a bankrupt entity?

Yes No

If Yes, please attach a detailed explanation including, but not limited to, the name of the predecessor and the particular type of bankruptcy.

II. Coverage Requested

18. Policy: New Renewal

19. Limit of liability — Each Pollution Event Limit

- \$1,000,000
- \$2,000,000
- \$5,000,000
- Other \$ _____

20. Limit of liability — Total Policy Limit

- \$1,000,000
- \$2,000,000
- \$5,000,000
- Other \$ _____

21. Deductible

\$5,000 \$10,000 \$25,000 \$50,000 Other* \$ _____

* Attach latest year-end audited financial statements or 10K report for deductible of \$100,000 or greater.

III. Covered Location Description

22. Location name (if any)

23. Street address

City

State

ZIP code

24. Year of business construction

25. Description of on-site operations

26. Prior use history (prior to the application date): (check all that apply)

Known Residential Hotel Light industrial Manufacturing/Industrial (describe)
 Unknown Retail Office Vacant land/Agricultural Other

IV. Historical Environmental and Regulatory Information

27. Have there been any occupants/tenants that generated, stored or handle regulated substances (including on-site dry cleaning operations)?

Yes No Unknown

If "Yes", attach details.

28. Are there any current occupants/tenants that generate, store or handle regulated substances?

Yes No Unknown

If "Yes", attach details.

29. Is the property now, or has it ever had any wastewater treatment operations conducted on-site?

Yes No Unknown

If "Yes", attach details.

30. Is the property now, or has it ever been connected to a septic system/leach field?

Yes No Unknown

If "Yes", attach details.

31. Are there now, or have there ever been any lagoons, cesspools, collection ponds, etc.?

Yes No Unknown

If "Yes", attach details.

32. Are there wetlands on site?

Yes No

a. If "Yes", are the wetlands delineated?

Yes No

b. If "Yes", will the wetlands be impacted by any proposed development?

Yes No

33. Have there been any reportable releases of any regulated substances?

Yes No Unknown

If "Yes", attach details.

34. Have there been any remedial actions conducted?

Yes No Unknown

If "Yes", attach details.

V. Chemical Use

35. Provide a list of pesticides, herbicides and fungicides you have used on the golf course in the last two years? Include quantity of each chemical used.

If you have used any of the following chemicals in the last two years please provide a narrative of application frequency and quantity:

DBCP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	DDT	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diazinon	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lindane	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aldicarb	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chlordane	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Endrin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heptachlor	<input type="checkbox"/> Yes	<input type="checkbox"/> No

36. Do you apply pesticides, herbicides or fungicides above six feet? Yes No
37. Do you apply pesticides, herbicides or fungicides through your irrigation system? Yes No
38. Do you post any warning signs during application of chemicals? Yes No
39. Have you ever seriously damaged a green or fairway, or killed wildlife as a result of over application of chemicals? Yes No
40. Is there a designated on-site storage area for chemicals? Yes No
If "Yes", is the area secured and on sealed concrete? Yes No
41. Are any chemicals used banned/restricted in your state? Yes No

VI. Water Usage

42. What is the estimate watered turf grass acreage?
 < 75 acres 75-150 acres >150 acres
43. How much water do you typically use in one day?
 < 250,000 gallons per day 250,000-500,000 >500,000
44. Where do you obtain your water?
 municipal supply owned well(s)
 reservoir/pond/lake wastewater treatment plant(s)

VII. Surrounding Environment

45. Are there perennial (i.e. running) streams on the premises? Yes No
46. Are there drinking water wells on-site or within 1/2 mile? Yes No
47. Are there protected wetlands or coastal zones adjoining the property? Yes No
48. Has the property previously been used as a landfill for waste disposal? Yes No

VIII. Controls

49. Do you test surface waters on the premises for water quality? Yes No
50. Do you employ integrated pest management (IPM) and/or turfgrass management system? (TMS) techniques Yes No
51. Is the golf course open to non-golf related activities (e.g. pools, fishing, nature walks, picnics, etc.)? Yes No
52. Have you conducted any risk assessments, environmental impact studies or turf management programs? Yes No
If so, please describe or provide copies

IX. Training

53. How many turf managers (i.e. greenskeepers/superintendents) do you employ?
 None 1 2 or more
54. Are any turf managers certified to apply pesticides? Yes No
55. Do you have formal recordkeeping procedures regarding agricultural chemical usage? Yes No

X. Other Insureds

56. Are there any persons or entities who will be added to the policy as insureds? Yes No
If "Yes," attach a listing of such persons and entities including a description of their relationship to the Named Insured

XII. Storage tank information

57. Are there any underground storage tanks (USTs) at the property? Yes No Unknown
If "Yes", is coverage requested? Yes No
If "Yes", complete the table below.
58. Have any USTs been removed, abandoned or closed in place? Yes No Unknown
If "Yes", has a regulatory agency issued a "No Further Action" letter or given some other form of approval for the closure of the UST(s)? Yes No Unknown
If "Yes", attach a copy of confirming documentation.
59. Are there any above ground storage tanks (ASTs) at the property? Yes No
If "Yes", complete the table below.

	Location 1 Tank #	Location 2 Tank #	Location 3 Tank #	Location 4 Tank #
	<input type="checkbox"/> UST <input type="checkbox"/> AST	<input type="checkbox"/> UST <input type="checkbox"/> AST	<input type="checkbox"/> UST <input type="checkbox"/> AST	<input type="checkbox"/> UST <input type="checkbox"/> AST
Age				
Capacity in gallons				
Contents				
Tank construction				
Diking construction For AST?	<input type="checkbox"/> Earthen <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> None <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Earthen <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> None <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Earthen <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> None <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Earthen <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> None <input type="checkbox"/> Other (please specify)
Date last tested				
Leak detection for UST?	<input type="checkbox"/> Automatic leak detection <input type="checkbox"/> Ground water monitoring <input type="checkbox"/> Solid vapor monitoring <input type="checkbox"/> Interstitial monitoring <input type="checkbox"/> Manual tank gauging (sticking) inventory <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Automatic leak detection <input type="checkbox"/> Ground water monitoring <input type="checkbox"/> Solid vapor monitoring <input type="checkbox"/> Interstitial monitoring <input type="checkbox"/> Manual tank gauging (sticking) inventory <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Automatic leak detection <input type="checkbox"/> Ground water monitoring <input type="checkbox"/> Solid vapor monitoring <input type="checkbox"/> Interstitial monitoring <input type="checkbox"/> Manual tank gauging (sticking) inventory <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Automatic leak detection <input type="checkbox"/> Ground water monitoring <input type="checkbox"/> Solid vapor monitoring <input type="checkbox"/> Interstitial monitoring <input type="checkbox"/> Manual tank gauging (sticking) inventory <input type="checkbox"/> Other (please specify)

PLEASE NOTE: **Tightness** test documentation is required for **underground** tanks that are five (5) years or older, and do **not** have an automatic leak detection system. Test must show passing results and be within the last year.

XIII. Representations

60. Is the Applicant* aware of any fact, circumstance or situation which could result in a claim(s) being made against it or any other person or entity for whom coverage will be sought arising from the release of any hazardous substance or pollutant into the environment?

Yes No

If "Yes," please describe

61. During the past five (5) years has the Applicant been, or is being currently being cited or prosecuted for any violation of any standard or law relating to the release or threatened release of any hazardous substance or pollutant at or from any location into the environment?

Yes No

If "Yes", describe in detail.

62. Is the Applicant aware of any reportable discharges, releases or spills during the past five (5) years of any hazardous substance or pollutant at or from any locations for which this application is being made?

Yes No

If "Yes", describe in detail.

63. During the past five (5) years have there been any claims made against the Applicant resulting from the actual or alleged release of any hazardous substance or pollutant at or from any location for which this application is being made?

Yes No

If "Yes", describe in detail.

For the purposes of questions 47 through 50 above and for the representation below, "Applicant" includes the entity together with any director, officer, partner or manager thereof.

The applicant represents that all statements in this application, including statements or representations contained in the Storage Tank Supplemental Questionnaire, are true and correct to the best of their knowledge and that no material or relevant facts have been suppressed or misstated and agrees that the policy, if issued, will be issued on the reliance of such representations. The applicant represents that due diligence has been conducted to know of the information listed on this application.

Notice to Arkansas and Louisiana Applicant

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

Notice to Colorado Applicant

"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."

Notice to Florida Applicant

"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 Kentucky Applicant

"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 Maine Applicant

"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 Nebraska Applicant

"No misrepresentations or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under the policy or contract unless such misrepresentation or warranty:

1. was material;
2. was made knowingly with the intent to deceive;
3. was relied and acted upon by the company; and,
4. deceived the company to its injury.

The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss."

Notice to New Jersey Applicant

"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 Mexico Applicant

"Any person who knowing 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 and criminal penalties."

Notice to New York Applicant

"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 Applicant

“Any person who with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”

Notice to Oklahoma Applicant

“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.”

Notice of Pennsylvania Applicant

“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 Applicant

“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 coverage.”

Notice to Virginia Applicant

“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, fine and denial of insurance benefits.”

Notice to Washington D.C. Applicant

“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 fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

Notice to All Other State Applicants

“Any person who knowingly includes any false or misleading information for an insurance policy commits a fraudulent act and is subject to fines, imprisonment, or other criminal or civil penalties.”

Completion of this form does not bind coverage. The applicant’s acceptance of a quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance, should a policy be issued, and will become part of the policy. The applicant represents that due diligence has been conducted in completion of the information listed on this application.

Named Insured’s authorized signature

Printed name of authorized person

Title

Date

Insurance representative

Name of firm

Address

City

State

ZIP code

Telephone number

Fax number

Surplus lines agent (SLA) (for the state where the Named Insured is domiciled)

Address

City

State

ZIP code

Surplus lines number