



NOTE: PLEASE COMPLETE AN APPLICATION FOR EACH SITE TO BE INSURED. THE WORDS "YOU" AND "YOUR" REFER TO THE NAMED INSURED AND ANY ADDITIONAL INSURED

A. APPLICANT INFORMATION

1. Insured Name: _____

a. Address _____
 (Street) _____

 (City) _____ State _____ Zip _____

b. Contact Person: _____ **Title:** _____
 Phone: # _____

c. Insured is: Corporation Individual Joint Venture
 Partnership Other

d. Year established in business: _____

e. Description of operations: _____

2. Is the insured site owned or controlled by another Corporation? Yes No If Yes, by: _____

3. List other named insureds and brief description of operations for each:

Name Insured	Operations
_____	_____
_____	_____
_____	_____
_____	_____

4. List additional insured(s) and describe the relationship to the name insured:

Additional Insured	Relationship
_____	_____
_____	_____
_____	_____

B. COVERAGE REQUESTED

- 1. Policy: **New** **Renewal**
- 2. Policy Period: From: _____ To: _____
- 3. Limits of insurance requested
 - a. Per Incident: \$ _____
 - b. Aggregate: \$ _____
- 4. Deductible requested: \$ _____
- 5. Existing pollution or environmental insurances coverage:
 - a. Do you currently have pollution liability coverage? Yes No
 - b. If yes, is the policy written on occurrence claims-made basis
 - c. State the retroactive date of inforce claims-made coverage: _____

C. HISTORY

- 1. Are you currently in compliance with federal, state and local environmental laws? Yes No
If no, explains: _____

- 2. Has the company during the last five years been cited or prosecuted for any violation of any standard or law relating to the release of a substance into the environment? Yes No If yes, explain. _____

- 3. Have you ever been sued or requested to pay any damages or to perform any clean up activities with respect to any actual or alleged pollution incident? Yes No If yes, attach a full explanation including date of incident.
- 4. Have there been any emissions, discharges, releases or escapes of pollutants or other substances above permissible levels at any sites for which this Application is being made? Yes No
If yes, explain: _____

- 5. List all environmental impairment losses paid or incurred within the past three years:

Date	Amount	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
- 6. Are you aware of any fact or circumstance that might lead to a claim under the policy if it were to be issued?
 Yes No If yes, explain: _____

D. CHEMICAL USE

1. 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 |
| Diazinon | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aldicarb | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Endrin | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| DDT | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lindane | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chlordane | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heptachlor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Do you apply pesticides, herbicides or fungicides above six feet?
 Yes No

3. Do you apply pesticides, herbicides or fungicides through your irrigation system?
 Yes No

4. Do you post any warning signs during application of chemicals?
 Yes No

5. Have you ever seriously damaged a green or fairway, or killed wildlife as a result of over application of chemicals?
 Yes No

6. Is there a designated on-site storage area for chemicals?
 Yes No

E. WATER USAGE

1. What is the estimate watered turf grass acreage?
 < 75 acres 75-150 acres >150 acres

2. How much water do you typically use in one day?
 < 250,000 gallons per day 250,000-500,000 >500,000

3. Where do you obtain your water?
 municipal supply owned well(s)
 reservoir/pond/lake wastewater treatment plant(s)

F. SURROUNDING ENVIRONMENT

1. Are there perennial (i.e. running) streams on the premises? Yes No

2. Are there drinking water wells on-site or within 1/2 mile? Yes No

3. Are there protected wetlands or coastal zones adjoining the property?
 Yes No

4. Has the property previously been used for industrial purposes? Yes No

5. Has the property previously been used as a landfill for waste disposal?
 Yes No

6. What is the percentage of fairways bordered by residences? _____%

G. CONTROLS

- 1. Do you test surface waters on the premises for water quality? Yes No
- 2. Do you employ integrated pest management (IPM) and/or turfgrass management system? (TMS) techniques? Yes No
- 3. Is the golf course open to non-golf related activities (e.g. fishing, nature walks, picnics, etc.)? Yes No
- 4. Have you conducted any risk assessments, environmental impact studies or turf management programs? Yes No

(If so, please describe or provide copies)

H. TRAINING

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

I. STORAGE TANKS

- 1. Are there currently any underground storage tanks (UST's) or above ground storage tanks (AST's) on the property that are used to store gasoline, fuel oil, or pesticides? Yes No

If yes, provide a report indicating the number, age, volume and type of tanks, and material stored. Note: You must supply current UST integrity test results in order for coverage to be considered for the UST's.

	Capacity	Age	Construction	Contents	AST/UST
Tank 1	_____	_____	_____	_____	_____
Tank 2	_____	_____	_____	_____	_____
Tank 3	_____	_____	_____	_____	_____

- 2. Has any underground storage tanks(s) been closed at this location within the last 10 years? Yes No

If yes, submit a copy of closure documents indicating number of tanks, date of closure, and results of closure

J. MISCELLANEOUS

- 1. Do you store or use chlorine gas on-site? Yes No
- 2. Do you operate any dry cleaning machines on premises? Yes No

CERTIFICATION

I have read the above supplemental Application. I hereby certify that the statements made herein and the data and information supplied herein are true, accurate and complete. These statements, information and data are given for the specific purpose of inducing the insurer to issue a pollution liability insurance policy. It is agreed that if any statement, information or data given in this supplemental Application is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

Signature of First Name Insured
(May not be signed by producer)

Title

Date

Submitted by: _____
(Producer)

FOR NEW YORK AND OHIO 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.