



ENVIRONMENTAL APPLICATION

LIVESTOCK MANURE APPLICATORS & TRANSPORTERS

INSURED'S DESCRIPTION

NAME OF APPLICANT:			DATE:		
MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:	
TELEPHONE:			WEB ADDRESS:		
Company is an:	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LLC	<input type="checkbox"/> OTHER
PROVIDE BRIEF DESCRIPTION OF OPERATIONS:					

SECTION II: Coverage Requested

<input type="checkbox"/> Commercial General Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made	
<input type="checkbox"/> Contractors Pollution Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made	Retro:
<input type="checkbox"/> Professional Liability	Claims Made Form Only		
<input type="checkbox"/> Transportation Pollution Liability			
<input type="checkbox"/> Site Pollution Liability	Retro:		
Do you need any additional coverage's (e.g. Primary Non-Contributory, Claims Additional Expense Limit):			
PROPOSED EFFECTIVE DATE:	LIMITS REQUESTED (Occurrence/ Aggregate)	Deductible Requested:	
	/		

SECTION III: Company Information

1. Does the applicant have <input type="checkbox"/> Parent Company <input type="checkbox"/> Subsidiaries <input type="checkbox"/> Other related entities, if yes please explain:					
2. Date Established:		3. Do you Share Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
4. Number of Directors/ Officers:		5. Number of Other Key Personnel:		6. Total Personnel:	

SECTION IV: Current/Prior Liability Carrier Information

COVERAGES	CARRIER	LIMITS	DEDUCTIBLE	RETRO	PREMIUM
<input type="checkbox"/> General Liability					
<input type="checkbox"/> CPL					
<input type="checkbox"/> Professional Liability					
<input type="checkbox"/> TPL					
<input type="checkbox"/> Site Pollution					
<input type="checkbox"/> Other					
PREMIUM					

Section V: Contracting Operations

Check Here if this section does not apply N/A

D. Is the insured allowed to enter the confinement barn during the pumping process? Yes No
If yes, Does the insured control the ventilation system and monitor air quality inside the barn? Yes No
If no, Does the insured require the barn manager/farm owner to be on site for the duration of the pumping to ensure adequate air exchange inside the barn? Yes No

E. Do you require your clients to provide proof of insurance coverage for their livestock? Yes No
If no, please detail your certificate procedure:

F. Do you perform any operations on land owned by you or by any person who has ownership interest in your company? Yes No If yes, please explain:

D. Do you ever haul hazardous waste / materials? Yes No
If yes, do all your contracts for hauling materials to be disposed state that the generator of such materials, and not your firm, is responsible for selecting the disposal site/facility? Yes No
If no, please explain:

A. Does your company select, own or manage disposal sites for hazardous waste? Yes No N/A
If yes, please explain:

B. Do you transport material on public highways?

C. Does your company comply with DOT rules with regard to placarding and labeling to properly identify hazardous waste? Yes No If no, please attach an explanation.

E. Who is authorized to sign hazardous waste manifests?
Is this part of the employee's job description? Yes No N/A

F. What is the maximum time you will hold materials prior to disposal?

Section VI: Transportation Operations Check Here if this section does not apply N/A

A. Are motor vehicle reports (MVRs) obtained on all drivers prior to hire? Yes No
How often are MVRs rechecked?
Do all drivers have their CDL with the Hazardous Materials Endorsement? Yes No N/A

B. Are driver files current and in compliance with DOT regulations? Yes No
If no, please explain:

C. Are driver logs kept and reviewed? Yes No

D. Do you require owner-operators to comply with your minimum experience, safety, maintenance and driver training requirements? Yes No

E. Describe your regular driving safety program:

F. Provide the following information on your driver training and orientation programs. If you have a written manual, please submit a copy (check all that apply):
 we have no training program training provided by 3rd parties off premises
 seminars provided at our premises on the job training
 other:
For those trained on the job how long do they have to train prior to being allowed to drive alone?

G. Do all drivers have their CDL with the hazardous materials endorsement? Yes No
If no, please explain:

Section VII: Revenue

Estimated Gross Revenue for the next 12 months:		New Venture? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1 st Prior Year:		2 nd Prior Year:	3 rd Prior Year:
Operations	Projected Revenue	Operations	Projected Revenue
Hog/Swine Waste Contractors		Barn/Enclosure Construction	
Poultry Waste Contractors		Liner Installation and Maintenance	
Dairy Waste Contractors		Other (Please Specify)	

Section VIII : Vehicle Count

Type	Number	Radius in Miles	Max Gallons Held
Private Passenger Auto		<input type="checkbox"/> Less Than 100 <input type="checkbox"/> 100 to 250 <input type="checkbox"/> More Than 250	
Vans (All)		<input type="checkbox"/> Less Than 100 <input type="checkbox"/> 100 to 250 <input type="checkbox"/> More Than 250	
Pickup Trucks		<input type="checkbox"/> Less Than 100 <input type="checkbox"/> 100 to 250 <input type="checkbox"/> More Than 250	
Stake & Flat Bed Trucks		<input type="checkbox"/> Less Than 100 <input type="checkbox"/> 100 to 250 <input type="checkbox"/> More Than 250	
Dump Trucks		<input type="checkbox"/> Less Than 100 <input type="checkbox"/> 100 to 250 <input type="checkbox"/> More Than 250	
Vacuum Trucks		<input type="checkbox"/> Less Than 100 <input type="checkbox"/> 100 to 250 <input type="checkbox"/> More Than 250	
Tractors (Power Units Only)		<input type="checkbox"/> Less Than 100 <input type="checkbox"/> 100 to 250 <input type="checkbox"/> More Than 250	
Farm Tractor		<input type="checkbox"/> Less Than 100 <input type="checkbox"/> 100 to 250 <input type="checkbox"/> More Than 250	

Total Vehicles

Indicate how many Manure Applicators you use?

Indicate how many Manure Spreaders you use?

Section IX: Subcontracted Operations

A. Do you subcontract any work to others? Yes No

If Yes, please specify the percentage:

B. What percentage of your subcontracted work is performed by contractors hired under a standard written contract? **Please attach contract used**

C. Do you lease any vehicles? Yes No

Are your leased vehicles operated by your own personnel? Yes No

Do you maintain insurance for leased vehicles? Yes No

If yes, please include all leased vehicles in the vehicle schedule attached.

SECTION X - Claims

1. Are you aware of any claims, both closed and opened, that have been made previously against the insured? Yes No
If yes, please provide additional information below.
2. Are you aware of any claims, both closed and opened, that have been made previously against the insured involving a collision, upset, or overturn? Yes No
If yes, please provide additional information below.
3. Are you aware of any claims, both closed and opened, that have been made previously against the insured involving a dispersal of cargo from the vehicle? Yes No
If yes, please provide additional information below.
4. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities? Yes No If yes, please explain:
5. Are there any Drivers under contract or employment with DUI, DWI or Reckless Driving Convictions? Within the last 3 years? Yes No
If Yes, please list driver

	Number of Claims	Total Incurred / Reserved	Please provide explanation of incident
Current Year			
1 st Prior Year			
2 nd Prior Year			
3 rd Prior Year			
4 th Prior Year			

FRAUD WARNING: APPLICABLE TO ALL STATES
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.

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 the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

- Notice to applicants:**
- a) Any person who knowingly and with intent to defraud any insurance company or Other person files an application for insurance containing any false information, or conceals for the Purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance Act, which is a crime.
 - b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature _____
 Title _____
 Date _____