

Instructions:

- This form must be dated and signed by a principal of your Company.
- Answer all questions completely. If any questions do not apply, please state N/A in the space provided.
- Please provide supporting information on a separate sheet and reference the applicable question number. Any supporting information is considered part of this application and is subject to the same terms and conditions.

Required Attachments:

- Please provide copies of your last three (3) years of loss history.
- Please provide copies of your last two (2) years of financial statements and/or 10K reports.
- Please provide a schedule of your environmental insurance policies for the last five (5) years.
- For Premises Environmental Liability insurance please submit the most recent environmental reports for the locations for which coverage is being requested and complete and attach the Premises Environmental Liability Supplemental Application.
- For Contracting Services Environmental Liability insurance please complete and attach the Contracting Services Environmental Insurance Supplemental Application.
- For Professional and Contracting Services Environmental insurance please complete and attach the Professional and Contracting Services Environmental Insurance Supplemental Application.
- For Indoor Air Quality and Mold Liability insurance please complete and attach the Indoor Air Quality and Mold Insurance Supplemental Application.
- Please note, Supplemental Applications, if any, are considered part of this application and are subject to the same terms and conditions.

NOTICE: The coverage applied for is solely as stated in the Policy and any endorsement(s) attached thereto.

General Information

1. Name of Applicant _____	
Principal Contact _____	
E-mail Address _____	
Mailing Address _____	
Telephone # _____	Fax # _____
Website http:// _____	
Years in Business _____	EPA Number(s) _____
Company is <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC/LLP	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Public	<input type="checkbox"/> Private

2. Desired effective date of coverage _____	
3. Desired length of policy term _____	
4. Retroactive Date and/or Reverse Retroactive Date (<i>please specify</i>) on current policy _____	
5. Desired Limits of Liability and Retention Amount:	
Each Loss Limit	\$ _____
Aggregate Limit	\$ _____
Retention Amount	\$ _____
6. Current Premium	\$ _____

General Information *Continued*

Yes

No

7. Describe in detail the Insured's Operations

8. Please provide the Insured's total gross revenues as disclosed on their last three (3) filed tax returns:

\$ _____ for the period ending (*enter month/year*) _____\$ _____ for the period ending (*enter month/year*) _____\$ _____ for the period ending (*enter month/year*) _____

Insured's estimated gross revenues for the current fiscal year \$ _____

9. Please list any acquired, affiliated, parent, predecessor, related, subsidiary or other firms for which coverage is requested:

Name of Company

Relation to Named Insured

Revenues associated with this Company

10. Within the last five (5) years has the applicant purchased this type of insurance coverage?

☐☐**If yes**, please provide information regarding any such coverage and all available loss information.

11. Has any Insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years?

☐☐**If yes**, please explain.

12. Has this applicant ever operated under a different name?

☐☐**If yes**, please list and include any obligations for past, present and/or future liabilities.

13. Please describe any operations or products that have been discontinued, sold or abandoned or any operations that have been acquired.

14. Within the last five (5) years have any claims been made or legal actions (*including regulatory actions*) been brought against any prospective Insureds?☐☐

15. Within the last five (5) years have any of the prospective Insureds been involved in any pollution incidents?

☐☐

16. Do the prospective Insureds have any knowledge of damage or injury to property, the environment or people during the last five (5) years that was or may in any way have been attributable to them?

☐☐

17. At the time of signing this application, are the prospective Insureds aware of any circumstances that may reasonably be expected to give rise to a claim against any insured or otherwise generate a request for coverage under this Policy?

☐☐

If the answer to question 13., 14., 15., or 16. above was yes, please provide a description of the circumstance or claim (*detail the actual or alleged incident, location, date, type of injury and/or damage, etc.*). In addition, provide information as to what actions have been taken by the proposed insured(s) to mitigate or avoid a similar loss from occurring again.

Coverage

Yes No

Existing Coverage	General Liability		Pollution Legal Liability	
Limits				
Retention	<input type="checkbox"/> SIR	<input type="checkbox"/> Deductible	<input type="checkbox"/> SIR	<input type="checkbox"/> Deductible
Coverage Trigger	<input type="checkbox"/> SIR	<input type="checkbox"/> Deductible	<input type="checkbox"/> SIR	<input type="checkbox"/> Deductible
Claims Made Retroactive Date (if applicable)				
Carrier				
Premium				
Products Pollution	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Has any location, operation or product been excluded, limited in coverage or self-insured?			<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain				

Requested Coverage	General Liability		Pollution Legal Liability	
Proposed Coverage Effective Date:				
Limits				
SIR/Deductible				
Coverage Trigger	<input type="checkbox"/> Claims Made	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made	<input type="checkbox"/> Occurrence

Proposed Insured Properties for Pollution Legal Liability:

If available please provide copies of Phase 1 or Phase 2 Environmental Site Assessments and any other Environmental Surveys or Audits conducted at the location(s) within the past three years.

1. Proposed Insured Properties - Owned or operated by any named insured:

Location Address (Include City & State)	Description of Operations at Location (Identify any on-site waste disposal)	Retro Date

Underground Storage Tanks:

Are there or were there ever any underground storage tanks located on the property(s) listed above? ☐ Yes ☐ No

If yes, indicate size and contents

If yes but are no longer in use, have the tanks been closed in accordance with applicable regulations? ☐ Yes ☐ No

If yes, attach evidence of proper closure (NFA letter, closure letters, etc.)

Above Ground Storage Tanks located at Proposed Insured Properties (Please complete a line for each tank):

Age	Construction	Size	Contents	Secondary Containment

2. 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

Products and Business Services Information Continued**Yes No**3. Transportation Pollution Coverage: *(Complete only in Class 1 or Class 2 if exposure is present)*

Average Number of Owned/ Operated Daily Shipments	Class 1	Class 2	Average Number of Common Carrier Daily Shipments	Class 1	Class 2
Trucks			Trucks		
Rail			Rail		
Watercraft			Watercraft		
Aircraft			Aircraft		

Class 1: Solid hazardous material (such as asbestos, lead and contaminated soil) and all other liquids and gases not listed in Class 2

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

Is the average trip over 100 miles?

☐☐4. **Optional Coverage Requests:**Indicate optional coverage or endorsements desired. *(An additional premium may apply)***Premises Information****Yes No**

1. Please indicate the number of: Offices _____ Manufacturing _____

Warehouse/Storage _____

Multi-use _____ Describe: _____

Other _____ Describe: _____

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

3. Do you have tenants at any of your owned or operated premises?

☐☐**If yes**, please explain:

4. Do you conduct public tours at any of your owned or operated premises?

☐☐**If yes**, please explain:**Products and Business Services Information**

1. 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 <i>(no physical possession)</i>	
Waste treatment, storage or disposal facilities	
Please describe:	
Other	
Please describe:	

Products and Business Services Information *Continued*

Yes No

2. List your 3 main products or product categories:

Product/Product Categories:

% of Sales

%

%

%

3. To which market is your product directed:

Industrial _____%

Intermediate Industrial _____%

Contractor _____%

Retail _____%

4. Is there a written quality control procedure for:

Raw materials

☐☐

Work in Progress

☐☐

Finished Product

☐☐

5. Are all labels, instructions, operating manuals, advertisements and warranties periodically reviewed by legal counsel or others?

☐☐

If yes, please explain:

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

☐☐

If yes, please describe:

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

☐☐

If yes, please describe:

8. Do any of your products involve any form of nanotechnology and/or incorporate or utilize material designed or manipulated at the nanoscale?

☐☐

If yes, please explain:

9. Do any of your products involve any form of diacetyl?

☐☐

If yes, please describe:

10. Do you have a formal certificate of insurance program for your suppliers?

☐☐

If yes, please describe:

11. Do you require additional insured status from your suppliers?

☐☐

12. Do you import products or component parts?

☐☐

If yes, please explain:

13. Do you export products?

☐☐

If yes, please complete:

Country

Annual Revenue

Country	Annual Revenue

Products and Business Services Information Continued

	Yes	No
14. Do you test incoming raw materials/component parts and outgoing products?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you perform the installation and maintenance of your product(s)? If yes, please explain – including how often?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you arrange for subcontractors to install, service or repair your products? If yes, do you require certificates of insurance evidencing at least \$1,000,000 in limits? If no, what is the minimum required? _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
17. Do you perform any other operations away from the premises you own or occupy? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
18. Are you certified by ISO or any other industrial organization? If yes, state which certification: _____	<input type="checkbox"/>	<input type="checkbox"/>
19. How long do you retain records for the following? Batch samples: _____ Quality control reports: _____ Complaints: _____ Shipments: _____	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you belong to any trade or professional associations? If yes, state which: _____	<input type="checkbox"/>	<input type="checkbox"/>

Claims Information

	Yes	No
Please provide five years loss information for all lines of coverage requested.		
1. Have you ever had a claim or loss over \$50,000? If yes, please provide details (if not indicated in the attached loss runs):	<input type="checkbox"/>	<input type="checkbox"/>
2. 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? If yes, please provide details:	<input type="checkbox"/>	<input type="checkbox"/>
3. 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, hazardous waste or other pollutant as defined by applicable environmental statutes or regulations? If yes, please provide details:	<input type="checkbox"/>	<input type="checkbox"/>
4. 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: <input type="checkbox"/> None to report	<input type="checkbox"/>	<input type="checkbox"/>
5. 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: <input type="checkbox"/> None to report	<input type="checkbox"/>	<input type="checkbox"/>

For the purpose of Questions 6 and 7 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.

Claims Information Continued**Yes****No**

6. 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?

☐☐

If yes, please provide details:

7. 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?

☐☐

If yes, please provide details:

Additional Information

If necessary, please use the blank space below to provide additional requested information or to further explain elements within the application.

Warranty, Authorized Signature and Continuing Duty To Update

The undersigned is an authorized representative of the prospective First Named Insured, and acknowledges that the information provided with the Application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to Great American and made a part of this application:

1. Will be relied upon by Great American Insurance Companies in determining the acceptability of the prospective Insureds and the premium amount to be charged;
2. Are true, accurate and complete; and
3. Will be considered an integral part of any resultant insurance contract.

The undersigned further agrees that the prospective Named Insured(s) has a continuing duty, through date of policy inception, to update this Application, including all supplements, attachments and replies to underwriter inquiries.

Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required before the applicant may be bound and a policy issued.

Signature of Authorized Applicant _____

Print Name _____ Date _____

Title _____

Signature of Authorized Applicant _____

Print Name _____ Date _____

Signed by Licensed Resident Agent _____

(Where Required By Law)

This Statement is provided to you with the insurance application or claim form that you are filing. READ the applicable Fraud Warning Statement for the state in which your claim or application is being made before executing and submitting the attached document to the Insurer or your agent.

Insurance Fraud Warning Statement

ALABAMA §27-12A-20	At least one of the following forms: Claim release forms, applications, reinstatements for insurance, participation agreements, declaration pages, and claim documents, regardless of the method or form of transmission: 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.
ALASKA §21.36.380	All insurance claim forms: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
ARIZONA §20-466.03	All insurance claim forms: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
ARKANSAS §23-66-503	Claim forms, proofs of loss, or any similar documents, however designated, seeking payment or benefit pursuant to an insurance policy, and applications for insurance, regardless of the form of transmission: 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.
CALIFORNIA §1871.2 §1879.2	All insurance applications, all forms upon which an insured can make changes to an existing policy, and all claim forms: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
COLORADO §10-1-128	All insurance applications, or all policy forms, or all claim forms: 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.

Insurance Fraud Warning Statement *Continued*

DELAWARE 11 §913	All insurance claim forms: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
DISTRICT OF COLUMBIA §22-3225.09	All insurance applications and claim forms: 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.
FLORIDA §817.234	All insurance applications and claim forms: 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.
IDAHO §41-1331	All insurance claim forms: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
INDIANA §27-2-16-3	All insurance claim forms: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
KENTUCKY §304.47-030	All insurance claim forms: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing 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. All insurance application forms: 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.
LOUISIANA §40:1424	All insurance applications and claim forms: 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.
MAINE 24-A §2186(3)(A)	All insurance applications and claim forms: 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.
MARYLAND §27-805	All insurance applications and claim forms: 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.
MINNESOTA §60A.955	All insurance claim forms: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
NEW HAMPSHIRE §402:82	All insurance claim forms: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA638:20.
NEW JERSEY §17:33A-6	All insurance claim forms: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. All insurance application forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
NEW MEXICO §59A-16C-8	All insurance applications and claim forms: 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 civil fines and criminal penalties.
NEW YORK §403(d) 11 NYCRR §86.4	All insurance applications and claim forms except auto: 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.
OHIO §3999.21	All insurance applications and claim forms: 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.
OKLAHOMA §3613.1	All insurance applications, policy and claim forms: 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.
PENNSYLVANIA 18 Pa.C.S. § 4117	All insurance applications and claim forms: 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.
RHODE ISLAND §27-29-13.3 §27-54.1-3	All insurance applications and claims forms: 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.

Insurance Fraud Warning Statement *Continued*

TENNESSEE §56-53-111	All insurance applications and claim forms: 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.
TEXAS §704.002(a)	All insurance claim forms: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
VIRGINIA §52-40	All insurance applications and claim forms: 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.
WASHINGTON §48.135.080	All insurance applications and claim forms: 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.
WEST VIRGINIA §33-41-3	All insurance applications and claim forms: 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.