

Z Link - Commercial General and Pollution Liability Application



This application is for a policy providing coverage on an occurrence or claims-made basis for commercial general liability and other liability coverage and a claims-made basis for pollution liability coverage. Payment of claim expenses for the pollution liability coverage erodes the limits of insurance.

Steadfast Insurance Company

Dover, Delaware
 Administrative Offices:
 Zurich Towers, 1400 American Lane, Schaumburg, Illinois 60196-1056

A. Please answer each of the questions completely using all available records (whether public or private).

B. Please provide the following information if and as applicable to the coverage requested (check box if attached):

- Completed and signed ACORD General Liability Application
- Loss runs for the past five years
- Audited financials for the past three years
- Most recent loss control report and recommendations (if available)
- Copy of MSDS for top five products and any flammable/combustible raw materials and products (if applicable)
- Copy of Environmental Reports (Phase I/II, Site Investigation, Surveys, Remediation)
- Copy of Product Quality Controls Program (if applicable)
- Copy of Safety and Training Materials
- Copy of Products Recall Program (if applicable)
- Copy of Emergency Response Plans (HazMat, Water, Fire Protection, SPCC)

I. General Information

1. Named insured

2. Mailing address

City	State	Zip code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

3. Telephone number 4. Fax number

5. Contact name and title

6. E-mail address 7. Internet website address

8. Named insured is a:
 Corporation Partnership Joint venture Individual LLC REIT Other

9. During the past three (3) years has any insurance been declined or cancelled?
 (Not applicable in Missouri) Yes No

II. Pollution Liability Limit/Deductible Options

1. Limits of Insurance-Each Event Limit	2. Deductible
<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000* <input type="checkbox"/> Other*
*Attach latest year-end audited financial statements of 10K report for deductible of \$100,000 or greater	

III. Pollution Liability Coverage - Covered Location Description and Information

1. Location name (if any) 2. Street address (city, state, zip code)
- | | |
|--|--|
| | |
| | |
3. Current use of location (as of and after application date): (check all that apply)
- Manufacturing/Industrial Warehouse/Light industrial Other?
 Office Vacant land/Agricultural Other
- Describe with particularity the operations conducted at such location. Include in your description any storage (above and below ground), waste management, disposal, and/or transportation (including loading/unloading) operations.
4. Prior use history (prior to the application date): (check all that apply)
- Known Manufacturing/Industrial Warehouse/Light industrial
 Unknown Vacant land/Agricultural Other
5. Future use of location (after application date): (check all that apply)
- Manufacturing/Industrial Warehouse/Light industrial
 Vacant land/Agricultural Other
6. Age of facility(s) at location:
-
7. Please provide a list of environmental insurance policies for the past three (3) years relevant to the locations to which this insurance will apply. List should specifically list the dates of issuance, name of the carrier, applicable retroactive dates (if any), and limits of liability.
8. What is the property interest of the Named Insured in the location?
 Owner Tenant Lender Partner Other (please specify)
9. Does the Named Insured occupy the location(s)? Yes No
10. Is the Named Insured aware of any contamination on the location, or on any of the immediately adjacent properties that could impact the location?
 If "Yes", attach detailed explanation. Yes No
11. Is the Named Insured aware of any natural resource damage, assessments or any threat to endangered species, protective habitat or other similar resources/species?
 If "Yes", attach detailed explanation. Yes No
12. Does the Named Insured subcontract with any third party vendor for any aspect of its business, including, but not limited to in any advisory capacity?
 If yes, attach detailed explanation including, but not limited to, identification of particular aspects that are subcontracted. Yes No
13. Are construction activities planned for any location during the next twelve months?
 If "Yes", describe below. Yes No Unknown
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14. Are there wetlands on site at the location? 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
15. Are there security measures for the location (e.g., fencing, locking gates, video surveillance, emergency lights, guards, alarms systems, third-party sign in, third party personal protective gate, etc)?
 If "Yes", describe. Yes No Unknown
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16. Are tours conducted at the location? Yes No Unknown
 If so, how frequently?
-
17. Is an Environmental Health and Safety Professional on staff at the location? Yes No Unknown
18. Are/were there any occupants/tenants at the location who generated, stored or handled regulated substances?
 If "Yes", attach details Yes No Unknown

19. Are there any current or former operations which require closure or post-closure activities under federal or state law or regulations?
If "Yes", attach details. Yes No Unknown
20. Is the location now, or has it ever been connected to a septic system/leach field?
If "Yes", attach details. Yes No Unknown
21. Are there now, or have there ever been lagoons, cesspools, collection ponds, etc.?
If "Yes", attach details. Yes No Unknown
22. Have there been any remedial action conducted?
If "Yes", attach details. Yes No Unknown
23. Does the location have a program in place to reduce greenhouse gas emission?
If "Yes", attach details. Yes No Unknown
24. At the time of signing this application, is the Named Insured 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 which coverage will be sought arising from the release of any hazardous substance or pollutant into the environment?
If "Yes", attach details. Yes No Unknown
25. During the past five (5) years has the Named Insured been, or is currently being, 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 owned or operated by it into the environment?
If "Yes", please describe in detail. Yes No Unknown

26. Is the Named Insured 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 to which this application applies?
If "Yes", please describe in detail. Yes No

27. During the past five (5) years have there been any claims made against the Named Insured 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?
If "Yes", please describe in detail. Yes No

IV. Pollution Liability Coverage-Underground Storage Tank Information

1. Are there any underground storage tanks (USTs) at the location?
If "Yes", is coverage requested?
If "Yes", complete the Storage Tank Supplemental Questionnaire. Yes No Unknown
 Yes No
 Yes No
2. Have any USTs been removed, abandoned or closed in place?
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)?
If "Yes", attach a copy of confirming documentation. Yes No Unknown
 Yes No Unknown
3. Are there any above ground storage tanks at the location?
If "Yes", complete the Storage Tank Supplemental Questionnaire. Yes No

PLEASE NOTE: **Tightness** test documentation is required for **underground** storage 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.

V. Products and Services Information

Type of Business Activity by percentage:		Packaging size/container type:
Broker/drop ship	%	
Wholesale/warehouse	%	
Repackage/re-label	%	
Mix/Blend	%	
*Manufacturing	%	
Other (explain)	%	

*Manufacturing defined as processes involving Temperature, Pressure, or Reactions

2. Identify (by percentage) the markets to which the named insured's products are sold:
 Industrial _____% Intermediate Industrial _____% Contractor _____% Retail _____%
 (If there are retail sales, list products and where sold)

3. Are any products sold for use in the following industries?

Industry	Amount of Sales	
Watercraft Industry	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pharmaceutical Industry	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cosmetic/Health & Beauty	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Consumer Goods	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Are products or component parts of products foreign made? Yes No Unknown
 If "Yes", list the names of country of origin for the foreign suppliers and annual sales.

5. Are products or component parts exported? Yes No Unknown
 If "Yes", list the names of destination country and annual sales.

6. Are you introducing any new products in the next twelve months? Yes No Unknown
 If "Yes", describe.

7. Do you perform toll manufacturing, labeling, blending or repacking for others? Yes No Unknown
 If "Yes", list products and percentage of sales

8. Are any products toll manufactured, labeled, blended or repackaged by others? Yes No Unknown
 If "Yes", list products and percentage of sales

9. Have any products been acquired through merger or acquisition? Yes No Unknown
 If "Yes", list products and percentage of sales

10. List Named Insured's top (5) five products or product categories sold by volume or percentage sales:

Product/Product Categories:	Annual Volume or Percentage of Sales (Circle One)
1.	
2.	
3.	
4.	
5.	

11. Is there a designated quality control manager? Yes No Unknown
 If "Yes", provide name, title and education/certificates (resume)

12. Are there quality control procedures for the following?
 • Raw Materials Yes No
 • Work in Progress Yes No
 • Finished Product Yes No

13. Do you maintain complete inventory records on shipments and/or deliveries? Yes No Unknown

14. Have you ever recalled or are considering recalling any products? Yes No Unknown
 If "Yes", describe in detail.

15. Are products designed, tested, labeled and manufactured to meet or exceed all industry or government regulations and standards? Yes No Unknown
 If "No", describe in detail.

16. Have any products been subject to inquiry or investigation by a governmental agency concerning efficiency, adequacy of label, hazardous contents or safety? Yes No Unknown
 If "Yes", describe in detail.

The Applicant (the entity seeking insurance together with any director, officer, partner or manager thereof) represents that all statements in this application, and any 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. 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, if a policy is issued, and will become part of the policy. The Applicant represents that it has conducted due diligence in completing this application.

General Fraud Statement

“Any person who knowingly and with intent to defraud any insurance company of another 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 the person to criminal and civil penalties.” (Not applicable in CO, FL, HI, NE, NY, OH, or OK, in DC, ME, TN, VA and WA, insurance benefits may also be denied)

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.”

Notice to Hawaii applicant

“For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.”

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 the 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 the 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.”

Named Insured’s authorized signature:	Printed name of authorized person
Date:	Title:
Insurance representative/Firm name	Address of firm:
Telephone number:	Fax number:
Surplus lines agent (state where Named Insured domiciled):	Surplus lines number:
Address:	