

Agribusiness Environmental Application Commercial Agri-Service

Steadfast Insurance Company • Dover, Delaware



Administrative Offices: Zurich Towers, 1400 American Lane, Schaumburg, IL 60196-10561

Instructions

1. Please answer all questions. If any section does not apply, please indicate with N/A.
2. If space is insufficient, attach additional sheets of paper.
3. Have this Application signed and dated by an authorized owner, partner, director or risk manager of the proposed first Named Insured. For purposes of this Application, Applicant shall mean the person or entity making application for insurance and shall be deemed to include any person or entity proposed for insurance. Applicant shall also be deemed to include other persons or entities for which a proposed insured may be held legally liable including but not limited to an insured while acting within the scope of his or her duties for the proposed insured.
4. Attach a list of Named Insured(s) to be covered under this policy and the relationship to the Applicant.
5. The following items must be included for a complete submission:
 - a. This Application.
 - b. Three years' worth of audited financial statements for deductibles in excess of \$25,000.
 - c. Currently valued general liability, pollution and automobile (if transportation coverage is requested) loss runs for the past three years.
 - d. If seeking coverage for aerial application, certificates of insurance for contractors providing aerial application services.
 - e. If the applicant has any environmental emergency or spill containment plans prepared to meet local, state or Federal requirements, provide the title and date of the last revision.

Please indicate which coverage you are seeking:

- COVERAGE A: Time Element First Party Cleanup Discovery COVERAGE B: Time Element Third Party Liability
 COVERAGE C: Contractor's Pollution Liability* * Coverage C is only offered in conjunction with coverages A and/or B
-

A. General Information

Named Insured: _____

Address: _____

City: _____ State: _____ Zip code: _____

Contact name and title: _____

Telephone: _____ Fax: _____

E-mail: _____ Web address: _____

Requested effective date of coverage: _____

How many years has the Applicant been in business? _____

Named Insured is Partnership Corporation Joint venture Other, please describe below:

1. Is the Applicant directly or indirectly associated with, controlled by, or owned by any other person or entity?

Yes No

2. Does the Applicant directly or indirectly own, control or have liability for any other person or entity? Yes No

3. Has the Applicant's name or form of business entity changed, or has any other person or entity been purchased by, merged with, or consolidated into the Applicant? Yes No
If "yes," please detail changes in chronological order - use a separate sheet if necessary.

B. Coverage Information

1. Requested limits of liability: 1/1mil. 2/2mil 2/4mil Other _____

2. Requested deductible: \$10,000 \$25,000 \$50,000* Other _____

* Deductibles greater than \$25,000 require you to submit 3 years of audited financial statements.

3. Please list your current liability coverage information.

Coverage	Carrier	Premium	Limits	Expiration	Deductible or SIR	Retroactive Date
Pollution Liability (facility)						
Contractor's Pollution Liability						
General Liability						
Automobile Liability						

C. Locations

Location Number	Total Acres	Address and Description of Operations	Own/Lease
1			
2			
3			
4			
5			
6			

D. Optional Coverages

Storage tank coverage provided by the Agribusiness Liability Policy does not meet regulatory financial responsibility requirements

1.a. Are you seeking coverage for storage tanks? Yes No
If "yes," answer questions 1.b.-1.d. (on following page)

1.b.

Location Number	Tank Number	Position	Year of Installation*	Tank Capacity*	Tank Contents
		<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 <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			

* Year of installation only necessary if tank is an underground storage tank (UST).
 For any aboveground storage tanks (AST) in excess of 100,000 gallons, provide a copy of the most recent third party tank inspection report.

1.c. Are there any plans to remove any of the above tanks within the next three years? Yes No
 If "yes," please describe: _____

1.d. Are you seeking coverage for mobile field tanks which do not exceed 2,000 gallons each? Yes No
 If "yes," how many mobile tanks ≤ 2,000 gallons do you own and/or operate? _____

2. Are you seeking coverage for aerial application done by a contractor? Yes No
 If "yes," how many total acres will be treated? _____
 Certificates of insurance required on all contractors. _____

3. Are you seeking pollution coverage for transportation done by the Insured via an automobile? Yes No
 If "yes," please attach an auto schedule.

4. If Contractor's Pollution Liability coverage has been requested, complete 4.a. and 4.b.
 4.a.

	Total Projected Gross Receipts	Percent of Gross Receipts In-House	Percent of Gross Receipts Subcontracted	Total Projected Acres
Crop Services				
Chemical Application				
Fertilizer Application (non-manure)				
Manure Application				
Other (please use space below)				
Custom Farming				
Planting				
Tillage				
Harvest				
Other (please use space below)				

4.b. Number of Applicant's staff for:

Agronomists _____ Full-Time Field Personnel _____ Other _____

E. Claims

1. Have you, 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?

If "yes," please describe in detail:

Yes No

2. Describe any environmental claims which you have been involved in during the last five years. Include claims related drift and over spray of chemicals and fertilizer.

None

3. Describe any environmental incidents (spills or releases) which have occurred within the last five years.

None

4. Is the Applicant aware of any fact, circumstance or situation which could result in claims being made against it or any other person or entity for whom coverage will be sought?

If "yes," please describe in detail:

Yes No

F. Warranty

AFTER REASONABLE INQUIRY, THE BELOW SIGNATORY ON BEHALF OF THE APPLICANT REPRESENTS AND WARRANTS THAT THE INFORMATION SUBMITTED TO THE COMPANY IN THIS APPLICATION, AND ANY SUPPLEMENTARY INFORMATION THERETO, IS TRUE, COMPLETE AND ACCURATE AND THAT NO MATERIAL OR RELEVANT FACT HAS BEEN SUPPRESSED OR MISSTATED AS OF THE DATE SUCH INFORMATION IS SUBMITTED TO THE COMPANY. THE APPLICANT AGREES TO ADVISE THE COMPANY OF ANY CHANGES TO THE INFORMATION PROVIDED IN THIS APPLICATION INCLUDING BUT NOT LIMITED TO ANY CHANGE IN THE

COVERED LOCATIONS OR CONTRACTING OPERATIONS SPECIFICALLY DESCRIBED IN THIS APPLICATION, NOTICES OF ANY CLAIM OR OF ANY POTENTIAL CLAIM, OR OF ANY CIRCUMSTANCES THAT MAY GIVE RISE TO A CLAIM, UNTIL THE COMPANY BINDS A POLICY OR UNTIL THE COMPANY DECLINES TO BIND A POLICY. IF A POLICY IS ISSUED BY THE COMPANY, THIS APPLICATION SHALL BECOME PART OF THE POLICY AND SHALL BE DEEMED TO BE ATTACHED TO THE POLICY.

ANY MISREPRESENTATION, NON-DISCLOSURE, CONCEALMENT, SUPPRESSION OR MISSTATEMENT OR BREACH OF WARRANTY IN THIS APPLICATION OR SUPPLEMENTARY INFORMATION THERETO SHALL BE CONSTRUED AGAINST THE APPLICANT.

COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE.

G. Notice to Applicant - State Fraud Warnings

The meaning assigned to any defined term used in this Application shall be equally applicable to both the singular and the plural forms of such term, and words denoting any gender shall include all genders. Where a word or phrase is defined herein, each of its other grammatical forms shall have a corresponding meaning. The Applicant represents that the above statements are true and correct to the best of the Applicant's knowledge and that material or relevant facts have not been suppressed or misstated. Completion of this form does not bind coverage. This Application shall become part of the policy, if any issued by the company and shall be deemed to be attached to the policy.

Notice to Arkansas 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 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 an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

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 misrepresentation 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 this 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 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 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 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 Utah Applicant

"Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report of billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

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 and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions."

H. Applicant Information

Applicant's signature: _____

Applicant's name (please print): _____

Title: _____ Date: _____

Insurance representative: _____

Name of firm: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Telephone number: _____ Fax number: _____

E-mail address: _____

Surplus lines agent (SLA) (for the state where the named insured is domiciled): _____

Address: _____

City: _____ State: _____ ZIP code: _____

Surplus lines license number: _____ E-mail address: _____