

MANUFACTURERS PRODUCTS POLLUTION (MPP)

APPLICATION FOR GENERAL LIABILITY AND POLLUTION

SECTION I: APPLICANT

NAME OF APPLICANT				DATE / /	
MAILING ADDRESS					
CITY			STATE		ZIP CODE
TELEPHONE		FAX		WEB ADDRESS	
CONTACT NAME			TITLE		
Company is an: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER:					

PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION IN ORDER TO BE CONSIDERED:

- 1) Two years of Audited Financial Statements including income statement and balance sheet
- 2) Five years of currently valued loss runs (GL, EIL, Products Liability, and/or Products Pollution Liability)
- 3) Standard Warranty/Quality Control Procedure
- 4) Any existing site specific environmental assessment reports (Phase I, Phase II, etc.)
- 5) Schedule of all owned locations

SECTION II: CURRENT COVERAGE

Coverage	Current Carrier	Effective Dates	Limits	Retention	Retroactive Date	Premium
General Liability		to	\$ / \$	\$	/ /	\$
Pollution		to	\$ / \$	\$	/ /	\$
Excess		to	\$ / \$	\$	N/A	\$
Auto		to	\$ / \$	\$	N/A	\$

1. Indicate current type of pollution coverage carried.

- ☐ Contractors Pollution
- ☐ On-Site Pollution
- ☐ Third Party Site Pollution
- ☐ Products Pollution
- ☐ Transportation Pollution
- ☐ Other: _____

Coverage Trigger

- ☐ Occurrence ☐ Claims Made
- ☐ Claims Made
- ☐ Claims Made
- ☐ Occurrence ☐ Claims Made
- ☐ Occurrence ☐ Claims Made
- ☐ Occurrence ☐ Claims Made

2. Has any insurance company ever denied, canceled, or non-renewed general liability or pollution liability coverage?

☐ Yes ☐ No

If **yes**, please explain.

SECTION III: GENERAL INFORMATION

1. Year the Insured was established: _____
2. Has the Insured ever operated under another name?
If **yes**, please explain. ☐ Yes ☐ No
3. Has the Insured acquired, merged, or discontinued any operations in the last five (5) years?
If **yes**, please explain. ☐ Yes ☐ No
4. Does the firm have any of the following seeking coverage under this application?
☐ Subsidiaries ☐ Parent Company ☐ Other Related Entities ☐ Yes ☐ No
 If **yes**, explain below.

Named Insured/Subsidiary Company	Description of Operations	Revenues
		\$
		\$
		\$
		\$

5. Total gross revenue for the next 12 months \$ _____ Foreign _____%
- 1st prior year's gross revenue \$ _____ Foreign _____%
- 2nd prior year's gross revenue \$ _____ Foreign _____%

SECTION IV: PRODUCTS INFORMATION

1. List your primary products or product categories.

Product Name	Use or Application	Years on the Market	% of Sales
			%
			%
			%
			%

2. Are or could any of your products or services be part of, used on, or in connection with the following?
If **yes**, please provide percentage of sales below.

Industry/Product Type	% of Sales	Industry/Product Type	% of Sales
Aircraft/Missile/Aerospace <input type="checkbox"/> Yes <input type="checkbox"/> No	____%	Oil/Gas <input type="checkbox"/> Yes <input type="checkbox"/> No	____%
Watercraft/Offshore <input type="checkbox"/> Yes <input type="checkbox"/> No	____%	Energy (other than oil/gas) <input type="checkbox"/> Yes <input type="checkbox"/> No	____%
Pharmaceutical <input type="checkbox"/> Yes <input type="checkbox"/> No	____%	Consumer Goods <input type="checkbox"/> Yes <input type="checkbox"/> No	____%
Cosmetics/Health & Beauty/ Personal Care <input type="checkbox"/> Yes <input type="checkbox"/> No	____%	Medical/Life Support <input type="checkbox"/> Yes <input type="checkbox"/> No	____%
Pesticides/Herbicides/Fertilizers <input type="checkbox"/> Yes <input type="checkbox"/> No	____%	Animal or Human Foods <input type="checkbox"/> Yes <input type="checkbox"/> No	____%

3. Please provide description of operations based on percentage of sales.

	% of Sales
Product mixing or blending	%
Product distribution with no mixing, blending, or repackaging	%
Product distribution with repackaging or labeling	%
Product manufacturing to own specifications	%
Product manufacturing to customer specifications	%
Product manufactured/processed by third parties	%
Broker/drop ship (no physical possession of product)	%
Other Please describe. _____	%

4. Are the products designed by you? ☐ Yes ☐ No

5. Do you install, maintain, or repair your products? ☐ Yes ☐ No
If **yes**, please explain which products and services you provide.

6. Are any components of your products foreign made? ☐ Yes ☐ No
If **yes**, please explain.

7. Has your product ever been subject to any inquiry or investigation by any Governmental Agency concerning the efficiency, adequacy or labeling, hazardous content or safety? ☐ Yes ☐ No
If **yes**, please attach full details and result of such inquiry.

8. Have you ever, or do you currently produce, distribute, transport, store or sell products that contain MTBE (Methyl Tertiary Butyl Ether)? ☐ Yes ☐ No
If **yes**, please explain.

9. How are your products transported? ☐ Trucks (owned) ☐ Trucks (3rd party carrier) ☐ Rail ☐ Watercraft ☐ Aircraft

10. **Regarding Quality Control of your products:**

A. Are written quality control and testing procedures followed for raw materials, works in progress, or finished products? ☐ Yes ☐ No
If **yes**, how long are quality control and testing records kept? _____

B. Can you identify your product from competitors? ☐ Yes ☐ No

C. Do your records indicate when each product was manufactured? ☐ Yes ☐ No

D. Do your records show to whom and the date each product was sold? ☐ Yes ☐ No

E. Do your records show who supplied the component parts going into your products? ☐ Yes ☐ No

11. **Regarding Loss Control for your products:**

A. Do you have a written products safety program for which specific individuals have responsibility for implementation? ☐ Yes ☐ No

B. Do suppliers and distributors of your product hold you harmless or insure you? ☐ Yes ☐ No
If **yes**, please explain.

- C. Are any of the suppliers, distributors or dealers affiliated with you?
If **yes**, please list. ☐ Yes ☐ No
- D. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards? ☐ Yes ☐ No
- E. Are guarantees and/or warranties issued to purchasers?
If **yes**, for what period of time do you guarantee and/or warrant your product(s)? ☐ Yes ☐ No
- F. Do you provide training or instruction in the use of any product? ☐ Yes ☐ No
- G. Do you have a specific program to withdraw known or suspected defective products from the market? ☐ Yes ☐ No
- H. Have you ever recalled or are you considering recalling any products?
If **yes**, please explain. ☐ Yes ☐ No

12. List your memberships in any industry product-standard organizations, trade associations, or professional associations.

SECTION V: EXCESS COVERAGE

Excess Limit Request: \$ _____

Present Coverages

	Auto Liability	Employers Liability	Excess
Carrier			
Limits			
Retention	\$	\$	\$
Policy Term	/ / - / /	/ / - / /	/ / - / /
Premium	\$	\$	\$

Auto Liability Information

Vehicle Type by Gross Vehicle Weight	Number of Power Units		
Private Passenger		1. Do you have an auto safety and training program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Light (<10,000 lbs.)		2. Do you check drivers' MVRs on an annual basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medium (10,001 lbs.-20,000 lbs.)		3. Do you have a vehicle maintenance program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heavy (20,001 lbs.-45,000 lbs.)			
Extra Heavy (>45,001 lbs.)			

SECTION VI: PREMISES INFORMATION

1. Do you have any tenants at any of your owned or operated premises?
If **yes**, please explain. ☐ Yes ☐ No
2. Do you conduct public tours at any of your owned or operated premises? ☐ Yes ☐ No
3. List proposed covered locations for site pollution below.

Location Address	Description of Operations at Premises	Retroactive Date
		/ /
		/ /
		/ /
		/ /

Complete Section VII for each proposed covered location for which you are seeking premises pollution coverage.

Copy as necessary

****Please provide any environmental site assessments and spill prevention/response plans for this location.****

SECTION VII: PROPOSED COVERED LOCATION INFORMATION

Facility Name: _____ How long have you been at this address: _____ years

Address: _____

1. Describe current operations and if any products are manufactured at or distributed from this location.

2. Describe known historical operations. _____

3. Please describe adjacent properties:

North: _____

South: _____

East: _____

West: _____

Distance to nearest body of water: _____

Type of water body (pond, river, stream, etc.): _____

Number of groundwater wells: _____

Type of well (drinking or monitoring): _____

4. Is there any onsite waste disposal at this location?

If **yes**, please explain.

☐ Yes ☐ No

5. Are there any plans for future development of this location?

If **yes**, please explain.

☐ Yes ☐ No

6. Are there any hazardous materials/chemicals used, treated, or stored?

If **yes**, please explain.

☐ Yes ☐ No

Storage Tanks

Type (Aboveground or Underground)	Year Installed	Capacity in Gallons	Contents	Secondary Containment

Compliance History

1. Are you aware of any notices of violations, fines, penalties, complaints, or received any claims or suits relating to any pollution conditions?

If **yes**, please explain.

☐ Yes ☐ No

2. Are you aware of any past or present pollution conditions or any circumstances which may reasonably be expected to give rise to a claim?

If **yes**, please explain.

☐ Yes ☐ No

3. Are you aware of any non-compliance with any local, state, or federal environmental regulations, standards, or statutes?

If **yes**, please explain.

☐ Yes ☐ No

SECTION VIII: ADDITIONAL REQUESTS

Please list any additional coverage requests.

To be considered for auto liability coverage, please provide the ACORD Auto application and currently valued loss runs.

SECTION IX: CLAIMS HISTORY

1. Has any claim, suit or notice of incident been made previously (last five years) against the Applicant (or Predecessor)? ☐ Yes ☐ No

If **yes**, please include the following in the description:

- a) the date when the claim was made
- b) the date of the incident, act or omission giving rise to the claim
- c) name of the claimant
- d) nature of the claim
- e) amount paid or estimated to be paid
- f) current status and/or final disposition of claim

Use additional paper if necessary.

2. Has any member of the applicant, or predecessor firm or any entity that the applicant wholly or partly owns, manages and/or controls aware of any circumstances that may result in any claim, suit or notice of incident or occurrence against them? ☐ Yes ☐ No

If **yes**, please provide details on additional paper.

3. Has any member of the applicant, or predecessor firm or any entity that the applicant wholly or partly owns, manages and/or controls been the subject of a disciplinary action as a result of their professional activities? ☐ Yes ☐ No

If **yes**, please provide details on additional paper.

CURRENTLY VALUED LOSS RUNS MUST BE FURNISHED

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM 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.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT. SUCH AN ACT IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Name of Insured

Signature of Owner, Partner or Officer

Signature of Broker/Agent

Print Name

Print Name

Title

Agency Name

Date

Date