



FOR MANUFACTURERS AND DISTRIBUTORS

Dependent upon state authority, you are applying for insurance coverage provided by and underwritten by one of the following insurance companies of ARGO GROUP US:

COLONY INSURANCE COMPANY - COLONY SPECIALTY INSURANCE COMPANY

1 - APPLICANT INFORMATION **Contact Person:**

1 st Named Insured:		Name:	
Mailing Address:		Title:	
City / State / Zip:		Phone:	

Company is an: Individual Partnership Corporation Joint Venture Other (describe) _____

Year Established: _____ Website: _____ Date of Application: _____

Please provide the following with this application for fast and accurate processing:

- Three years currently valued loss runs – all lines
- Current Income Statement and Balance Sheet
- Details on Quality Control Procedures (Products)
- MSDS Sheet for Your Products (Products Pollution)
- Site-specific Environmental Assessment Reports
- Applicant's Loss Prevention and H&S Protocols
- Statement of Qualifications for Professionals
- Copies of expiring Dec Pages and Endos

2 - DESIRED COVERAGE

- | | | |
|---|--|--|
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Products Pollution | <input type="checkbox"/> Products Recall Coverage |
| <input type="checkbox"/> Contractor's Pollution Liability | <input type="checkbox"/> Pollution for Non-Owned & Waste Disposal Sites – w/Retro: _____ | |
| <input type="checkbox"/> Professional Liability | <input type="checkbox"/> Pollution for Your Sites | <input type="checkbox"/> EBL – w/Retro Date: _____ |
| <input type="checkbox"/> Excess Liability Policy | <input type="checkbox"/> Transportation Pollution | <input type="checkbox"/> Other Endorsements (Provide List) |

3 - CURRENT COVERAGE EFFECTIVE DATE: _____ EXPIRATION DATE: _____

Coverage	Expiring Carrier	Limits of Liability Each / Agg	Deductible	Retroactive Date (if any)	Premium
General Liability		/			
Products Pollution		/			
Contractors Pollution Liab.		/			
Pollution for Your Sites		/			
Professional Liability		/			
Excess				N/A	
Auto				N/A	

* Complete information regarding expiring retroactive dates and coverage details will help ensure quick and accurate processing.

4 - GENERAL INFORMATION

1. Describe your business operations and sources of revenue:

2. Has the applicant ever operated under another name? Yes No
3. Has the applicant or any affiliated, related predecessor entity ever been (or currently is) the subject of bankruptcy, reorganization, solvency, dissolution or other debtor related proceedings and/or has made assignment for the benefit of creditors? Yes No
4. Has the applicant, officer, or director of the applicant or any affiliated, related predecessor entity or owner ever been convicted of a crime? Yes No
5. Has the applicant acquired, merged, sold, or dissolved any other entities the last five (5) years? Yes No
6. Has any insurance company ever denied, canceled, or non-renewed General Liability, Pollution Liability, or Professional Liability coverage? (Missouri Applicants - do not answer this question) Yes No

Explain any "Yes" answers below:

5 - ADDITIONAL NAMED INSUREDS and RELATED ENTITIES

List all desired Named Insureds and any other subsidiary, associate, affiliated or allied companies or corporations of which you have more than 50% ownership interest (*If additional space is needed please utilize page 8 or attach*).

Entity	Description of Operations	Gross Revenues	% Common Ownership
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%

* Additional Named Insureds can be included subject to underwriting. Please identify the full legal name of all entities you wish to have included as Named Insureds under this policy.

6 - GROSS REVENUES

Provide your projected and historical Gross Revenues* below – include revenues from all requested Named Insureds:

Period	Gross Revenues	% Foreign
Projected Gross Revenue (next 12 months):	\$	%
Actual Revenue 1st Prior Year (last 12 months):	\$	%
Actual Revenue 2nd Prior Year:	\$	%

* For purposes of this application, Gross Revenue means the money generated by all services or products you provide, before any deductions are taken for expenses.

7 - PRODUCTS INFORMATION

a. Please list your primary products below (If additional space is needed please utilize page 8 or attach).

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

b. Percentage of total sales to:

Manufacturers:	%	Wholesalers:	%	Retailers:	%	Consumers:	%
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c. If your products are used in connection with any of the following, please list % of sales.

Industry	% Sales	Industry	% Sales
Aircraft / Missile / Aerospace	%	Oil / Gas	%
Watercraft / Offshore	%	Energy (other than oil / gas)	%
Automobile / Motorcycle / RV	%	Medical / Life Support	%
Pharmaceutical	%	Animal or Human Foods	%
Cosmetics / Health & Beauty / Personal Care	%	Consumer Goods	%
Pesticides / Herbicides / Fertilizers	%	Toys or Children's Products	%
Building Materials (roofing, drywall, caulk, etc.)	%	Other:	%

d. Do any of your products, current or past, contain the following?

Chemical	Yes/No	If Yes, provide details:
Benzene	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Perfluoroalkyl Substances (PFAS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Silica	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lead or Asbestos	<input type="checkbox"/> Yes <input type="checkbox"/> No	
BPA (Bisphenol A)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Phthalates	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diacetyl	<input type="checkbox"/> Yes <input type="checkbox"/> No	

e. Please list percentage of sales for each of the following:

Type of Operations	% 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 (Explain):	%

PRODUCTS INFORMATION (CONTINUED)

f. Do you implement a formal Quality Control and/or Assurance Program* in your operations? Yes No

* A QC/QA Program means a formal process through which you seek to ensure that product quality is maintained or improved, and that manufacturing defects are reduced or eliminated. (i.e.: ISO 9000)

g. Is your organization independently certified as being ISO 9001 compliant? Yes No

h. Are any of your products, components, or raw materials foreign made? Yes No

If Yes, describe the foreign made components and where are they manufactured:

i. Who designs your products? In-house Third party Combination Please Describe:

j. Are designs reviewed, tested and verified by third parties? Yes No

If Yes, please describe their credentials:

k. Can you identify your product from those of competitors? Yes No

l. Do you maintain records of when and where each product was manufactured? Yes No

m. Do you maintain records of when and to whom each product was sold? Yes No

n. Do you maintain records of the suppliers of component parts for your products? Yes No

o. Are your products designed, tested, labeled, and manufactured to meet or exceed all applicable government and industry standards? Yes No

p. Are all labels, instructions, operating manuals, advertisements and warranties periodically reviewed by outside counsel? Yes No

If Yes, how often? _____

q. Do you have a specific program to withdraw known or suspected defective products from the market? Yes No

r. Have you ever recalled or are you considering recalling any known or suspected defective products from the market? Yes No

If Yes, please explain:

s. Do you provide guarantees and/or warranties to purchasers of your product? Yes No

If Yes, please explain:

- t. Has your product ever been subject to any inquiry or investigation by any Governmental Authority? Yes No

If Yes, please explain:

- u. Do you require evidence of Products Liability insurance from your suppliers? Yes No

- v. Do suppliers hold you harmless or add you as an additional insured on their insurance? Yes No

If Yes, please explain:

- w. Do you maintain membership in any standards organization relevant to your industry? Yes No

If Yes, please list them here:

8 - POLLUTION LIABILITY FOR YOUR SITE			<input type="checkbox"/> NOT APPLICABLE
Location Address	Acreage	Description of Current Operations	Length of Operations (at this location)

COVERED LOCATION INFORMATION *Please provide explanation for any "Yes" answers – utilize page 8 or attach*

1. Have there been any environmental assessments (Phase I, Phase II, etc.) performed at any location? If Yes, attach copies. Yes No
2. Has any testing, remediation, or monitoring of soil or groundwater ever taken place at any of the locations, or is any planned? Yes No
3. Are environmental permits required for operations at any of the locations? Yes No
4. Have there been any instances of water intrusion or water damage at any of the locations? Yes No
5. Has any building structure at any location been tested for lead-based paint, asbestos, or mold? Yes No
6. Has fill material ever been used at any of the locations? Yes No
7. Are there any dry wells, leach fields, or oil/water separators at any of the locations? Yes No
8. Is public water and sewer utilized at each location? Yes No
9. Are there any plans for future development at any of the locations? Yes No
10. Describe all adjacent properties (North, East, South, West):

11. Describe historical uses of the covered locations:

WASTE HANDLING Provide details for all locations. For additional space, utilize page 8 or attach.

1. List the types of waste generated at the locations to be covered:

2. Describe any waste treatment or materials processing that occurs at any of your locations to be covered:

3. Describe the onsite storage areas and handling practices and each location:

STORAGE TANKS

1. Are there storage tanks at any location? If Yes, a Tank Addendum application will be required. Yes No

COMPLIANCE HISTORY Please attach details and documentation for any "Yes" answers.

- a. Are you aware of any notices of violations, fines, penalties, or complaints, or have you received any claims or suits relating to any pollution conditions? Yes No
- b. Are you aware of any past or present pollution conditions or any circumstances which may or reasonably could give rise to a claim? Yes No
- c. Are you aware of any non-compliance with any local, state, or federal environmental regulations, standards, or statutes? Yes No

9 - CONTRACTORS POLLUTION LIABILITY COVERAGE NOT APPLICABLE

For purpose of this application, Contracting Services means work performed by you or on your behalf for a third party at a job site away from your premises. *Supplemental Applications may be required.

Describe all contracting services performed by you or on your behalf, including Gross Revenue and % Subcontracted:

Contracting Operations (if any)	Gross Revenue	% Subbed
Installation of Your Product	\$	%
Service or Maintenance of Your Product	\$	%
Other:	\$	%
Other:	\$	%
Other:	\$	%
Other:	\$	%
Other:	\$	%
Total:	\$	

If additional space is needed, utilize page 8 or attach.

- a. Do you require Certificates of Insurance from all subcontractors evidencing at least \$1,000,000 in General Liability (GL) coverage limits? Yes No
- b. Do you require Certificates of Insurance from all subcontractors evidencing at least \$1,000,000 in Contractors Pollution Liability (CPL) coverage limits? Yes No
- c. Are all subcontractors required to list you as an Additional Insured on all applicable policies? Yes No
- d. Are all subcontractors utilized by you hired under a written contract? Yes No

10 - TRANSPORTATION POLLUTION LIABILITY NOT APPLICABLE

- a. What are the annual receipts for all transportation activities (both 1st or 3rd party hauler)? \$ _____
- b. What percent of transport is performed on the applicant's behalf by a 3rd party hauler? _____ %

c. Please describe type and quantity of materials being transported:

Materials Transported	Shipments Per Week

d. Please select all conveyance or transport means utilized by you for your materials or wastes:

- Owned/Leased Vehicle
 Third Party Carrier
 Rail
 Air
 Watercraft

e. Do you ever transport hazardous or regulated material or waste products? Yes No

f. Does your auto liability insurance include a CA-9948 (Broadened Pollution Endorsement) Yes No

g. Do you require an MSC90 Filing on: Your Primary Auto Policy Your Excess Policy Yes No

h. Please complete the following for all vehicles owned or operated by the Named Insured:

Vehicle Type	Number of Vehicles Operating within a 200 mile radius	Number of Vehicles Operating beyond a 200 mile radius
Private Passenger		
Light Truck (0-10,000 Lbs. GVW)		
Medium Truck (10,001-20,000 Lbs. GVW)		
Heavy Truck (20,001-45,000 Lbs. GVW)		
Extra-Heavy Truck (Over 45,000 Lbs. GVW) and Truck Tractors		
Other (busses, motorhomes, etc.)		

11 - WASTE DISPOSAL FACILITIES AND NON-OWNED LOCATIONS:	<input type="checkbox"/> NOT APPLICABLE
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If off-site waste disposal is utilized, please complete the following:

a. Describe the type(s) of waste disposed of off-site:

b. Do you ensure that Waste Disposal Facilities are properly licensed, as applicable, by state, federal, municipal, or provincial authority to conduct waste treatment, storage, processing, and recycling or disposal? Yes No

c. Do you send waste to any locations that are listed, or proposed to be listed, on the EPA's Final National Priorities List (NPL), or on the Superfund or Comprehensive Environmental Response, Compensation, or Liability Information System (CERCLIS) database, or any state or provincial equivalent to the federal NPL, Superfund, or CERCLIS database? Yes No

For pollution coverage for Non-Owned Locations where your products are stored, please complete the following:

Non-Owned Location:		Product(s) Stored:	
Non-Owned Location:		Product(s) Stored:	
Non-Owned Location:		Product(s) Stored:	

d. What are the typical quantities of your products stored at the above location(s) at any one time?

12 - PROFESSIONAL LIABILITY	<input type="checkbox"/> NOT APPLICABLE
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*For the purpose of this application, Professional Services means services the insured (or a sub-consultant) performs for a third party as an architect, engineer, consultant, laboratory service provider, inspector, surveyor, construction manager, or LEED accredited professional, including recommendations made for the site selection, transportation, disposal, or treatment of pollutants generated by third parties. *Supplemental Applications may be required.*

Describe all Professional Services performed by you or on your behalf, including Gross Revenue and % Subbed:

Professional Services (if any)	Gross Revenue	% Subbed
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
Total:	\$	

(If additional space is needed please utilize page 8 or attach)

- a. What percent of your professional services are performed under a written contract? _____ %
- b. Do you make use of a limitation of liability clause in your Professional Services contracts? Yes No
- c. Are your written contracts reviewed by legal counsel prior to their use? Yes No
- d. Do you require Certificates of Insurance from all sub-consultants evidencing at least \$1,000,000 in Professional Liability (PL) coverage limits? Yes No
- e. Please describe the qualifications of the professionals on staff and/or the sub-consultants you utilize:

13 - CLAIM INFORMATION

For any "Yes" responses, provide details of the alleged incident, location, date, type of injury, etc. (Utilize the Additional Information section below, or attach)

- 1. Has any claim, suit, or notice of incident been made against you, a predecessor firm, or any entity that you wholly or partially own, manage, and/or control? Yes No
- 2. Are you, a predecessor firm, or any entity that you wholly or partially own, manage, and/or control aware of any incident, condition, circumstance, defect, or suspected defect in any product or work that may or reasonably could result in any claim, suit, or notice of incident or occurrence? Yes No
- 3. Are you, a predecessor firm, or any entity that you wholly or partially own, manage, and/or control aware of any complaint or notice filed with any governmental agency or industry regulatory body concerning your product(s)? Yes No
- 4. Have you, a predecessor firm, or any entity that you wholly or partially own, manage, and/or control been the subject of a disciplinary action as a result of professional activities? Yes No
- 5. Have you, a predecessor firm, or any entity that you wholly or partially own, manage, and/or control been involved in, or alleged to have been involved in causing or contributing to any pollution incidents on or at locations where contracting or professional services were performed? Yes No
- 6. Do you, a predecessor firm, or any entity that you wholly or partially own, manage, and/or control have knowledge of injury to people or damage to property on or at locations where professional services or contracting operations were performed? Yes No

14 - ADDITIONAL INFORMATION

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FRAUD WARNING

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE FRAUD WARNING.

I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

SIGN AND DATE

APPLICANT'S PRINTED NAME	TITLE
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE