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AMERICAN RISK MANAGEMENT RESOURCES NETWORK, LLC

7780 Elmwood Ave., Suite 130 | Middleton, WI 53562 | 877-735-0800 | Fax: 608-836-9565

Insurance Program Designed For **Certified Crop Advisor's** Professional Environmental Liability Insurance Application

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, or director of the proposed first Named Insured.

The following items must be included for a complete submission:

1. Brochures, advertisements or other descriptive literature about the Applicant, its subsidiaries, operations and services.
2. Copy of standard written contracts and engagement/proposal letters, purchase orders or agreements used with clients.
3. Any and all certifications pertaining to nutrient management.



I. Location and Application Information

1. Name Insured (as written on policy):

2. Contact Name and Title:

Website:	Email:	Phone:
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Current Mailing address:

City:	State:	ZIP Code:
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3. Is the Applicant a member of any industry or professional associations? Yes No
If Yes, please list all accreditations or certifications in relation to nutrient management

4. Provide the following information:

Full Name of ALL Owners, Partners, Officers, and Key Professionals	Professional Qualifications	Date Qualified	How many years have you in Practice

5. Describe in detail services you provide:

6. Provide fiscal year and gross revenues for the Applicant.
If newly established, indicate anticipated gross revenues for current and next projected year:

Year End Date:	Fiscal Year	Gross Revenues		
		Total		
	Past Year	\$		
	Current Year	\$		
	Next Projected Year	\$		

12. Include a list of Applicant's five (5) largest jobs or projects for the past year:

Name of Client	Description of Services Performed	Gross Revenues by Fiscal Year		
		Past	Current	Next
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

13. Do the Applicant's written contracts or agreements contain:

a. Hold harmless or indemnity agreements to Applicant's favor? Yes No

b. Hold harmless or indemnity agreements to client's favor? Yes No

c. Guarantees or warranties? Yes No

d. A definition of the responsibilities of each party? Yes No

e. Disclaimers or limitations of liability? Yes No

14. In the past five years:

a. Have any of the Applicant's clients made allegations or complained about the performance, non-performance, or timeliness of Applicant's products or services? Yes No

b. Have any of the Applicant's clients refused to pay, stopped paying, or requested a refund due to alleged problems with the Applicant's products or services? Yes No

c. Has the Applicant sued any of its clients for nonpayment? If Yes, provide details: Yes No

15. In the past five years has the Applicant or any of its past or present officers, principals, partners, directors, or employees ever been the subject of any investigation and/or disciplinary action by any government regulatory agency, certifying body, or other governmental entity? Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Has any of the Applicant's past or present directors, officers, principals, owners, partners, sales persons, or employees ever been investigated and/or convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Is the Applicant aware of any fact, circumstance, situation, error or omission that can reasonably be expected to result in a claim against the Applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Have any claims, suits or proceedings been brought during the past five years against the Applicant or its predecessors in business, affiliates; past or present directors, officers, principals, owners, partners, sales persons, or employees? Yes <input type="checkbox"/> No <input type="checkbox"/>

VII. Warranty

AFTER REASONABLE INQUIRY, THE BELOW SIGNATURE 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 CHANGES IN THE 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.

Applicant's Name (Print):
Title:
Signature:

VIII. 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 word 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 to 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."