

## WISCONSIN AGRICULTURE ENVIRONMENTAL INSURANCE APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

**INSTRUCTIONS:** This application is to be used when applying for Pollution Liability insurance. Please complete all applicable sections of this application. Read all questions carefully and provide complete and accurate answers. Failure to provide complete or accurate information may result in delayed consideration of this application or denial of coverage. This application is not an insurance policy and the Company considering coverage reserves the right to reject any application for any reason. If additional space is needed, please attach details to this application on a separate piece of paper. All applicants must sign and date the application where indicated.

**NOTICE:** For certain policies and coverage parts issued, the limits of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or self-insured retention amount.

**ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE COMPLETED APPLICATION:**

1. Minimum of three (3) years of currently valued, hard copy Commercial General Liability loss runs.
2. Copy of ISO14000 Environmental Management System (if applicable).
3. Copy of DNR590 Manure Nutrient Management Plan (if applicable).
4. Copy of Manure Spill Emergency Response Plan (if applicable).

I. APPLICANT INFORMATION				
APPLICANT NAME:			DATE:	
ADDRESS:			PHONE:	
CITY:	STATE:	ZIP:	EMAIL:	
ENTITY IS: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Please Explain)			WEBSITE:	

II. REQUESTED COVERAGE				
<input type="checkbox"/> Contractor's Pollution Liability		<input type="checkbox"/> On-Site Cleanup Coverage		<input type="checkbox"/> Third-Party Pollution Liability
Requested Effective Date:			Existing Retroactive Date:	
Requested Limits of Insurance:			Requested Deductible:	

III. LOCATIONS <i>(If additional space is needed, please provide information in same format on separate pages and attach to this application)</i>			
Location Name	Total Acreage	Owned/Leased	Description of Operations
1.			
2.			
3.			
4.			
5.			

IV. LIVESTOCK <i>(If additional space is needed, please provide information in same format on separate pages and attach to this application)</i>				
Location	Type of Livestock	Heads	Setting (Feedlot, Pasture, Confinement, etc)	Manure Handling
1.				
2.				
3.				
4.				
5.				

V. MANURE MANAGEMENT	
Are any untreated manure or livestock wastes discharged into any surface body of water?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any of the subject locations considered CAFO facilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do any of the subject locations have open manure pits?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a certified Nutrient Management Plan on file with the state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a Manure Spill Emergency Response Plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have an ISO14000 Environmental Management System?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you utilize third-party manure management vendors?	<input type="checkbox"/> YES <input type="checkbox"/> NO

VI. THIRD-PARTY SERVICES		
Description of Services	Vendor	Contract Costs

VII. COMPANY/FARM HISTORY	
Has the applicant, or any affiliate, partner or owner, been convicted of a crime?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the applicant ever been the subject of bankruptcy or other debtor related proceedings?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the applicant, or any affiliate, partner or owner, currently involved in any litigation, administrative or arbitration proceedings, or subject to any court or agency order or injunction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any work done through or by any affiliated or related company?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If any of the above questions were answered "Yes", please provide detailed explanation by attachment.</i>	

VIII. CLAIM INFORMATION	
Have you, within the last five years, been cited or prosecuted for any violation of any standard, guideline, order or law relating to the release of any manure, chemical or other pollutant?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES", please provide complete details for each applicable claim, suit or incident (attach additional pages as necessary):</i>	
Have any of the locations or operations referenced in this application ever been involved in any environmental incident, complaint or suit, including odor, overspray, drift or crop damage?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES", please provide complete details for each applicable claim, suit or incident (attach additional pages as necessary):</i>	

**FRAUD WARNING: APPLICABLE TO ALL STATES**

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 criminal and civil penalties.

**WARRANTY STATEMENT**

The signatory declares that (s)he is authorized by the Applicant to sign this application on behalf of all prospective **insureds** and that, to the best of his/her knowledge, the statements herein are true and accurate. The signatory agrees that if the information supplied in this application and the materials submitted therewith should change between the date this application is signed and the effective date of the proposed insurance, the signatory shall immediately notify the **insurer** of such and shall provide the **insurer** with information that would complete, update or correct the application and materials submitted therewith. The **insurer** may withdraw or modify any of the terms or conditions of coverage accordingly.

<b>Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Title:</b>