

BOLLINGER, INC.
101 JFK Parkway, Short Hills, NJ 07078
Toll Free: 800-446-5311 Fax: 973-467-0759
Web: <http://www.BollingerInsurance.com>

PESTICIDE/HERBICIDE APPLICATORS LIABILITY COVERAGE QUESTIONNAIRE
(NEW YORK ONLY)

1. Name of Country Club: _____

2. Are your employees licensed to apply pesticides/herbicides for the following types of applications? (Please list employees names, license numbers and license expiration dates)

Turf Yes No
Water Yes No
Trees Yes No

3. Please list all banned for use chemicals that have been applied over the last 5 years or are now being applied to your golf course. Please include:

1. The approximate amount of the chemical per application or per year.
2. The approximate date that use was discontinued.
3. The method of disposal.

4. Do you use licensed independent contractors for application? _____ YES
_____ NO

If so, what type of application is performed and **confirm** that you obtain Certificates of Insurance from these contractors including Comprehensive General Liability including Products/Completed Operations.

5. Pesticide Storage Building/Room

A. What is the construction of building: Frame Masonry Non-Combustible
Other _____ (Describe)

B. What is floor construction: Poured Concrete Wood Dirt

C. Any floor drains in room: Yes No

D. If there is a floor drain, where does it drain to: _____

E. Is the storage room completely enclosed by a 4" sill? Yes No

F. Is building used for permanent or temporary residence:

Rest Areas Food Preparation areas

G. Does the storage area have mechanical or natural ventilation to the building exterior?

Yes No

H. How is the storage room secured and separated from other building areas:

I. Warning signs posted Storage area secured at all times with lock and key

J. How are pesticides stored: On floor/ ground On wood Pallets
 Metal shelves

6. List and describe on a separate sheet all pollution or environment damage claims (including unpaid claims or complaints) which have occurred in the past 5 years. If none, then indicate none.

7. Have you ever received any clean-up orders in the last 5 years? If yes, please describe on separate page.

8. Are there any local, state or federal statutes, standards, or regulations with which you do not comply? If yes, please describe on separate page.

Insured's Acknowledgement

Please read the information below carefully as it explains the limited scope of the coverage and the potential coverage gaps inherent in the claims-made form. Then sign and date in the indicated space below and return to your insurance agent.

This policy is written on a claims-made basis. This policy provides no coverage for claims arising out of occurrences, incidents, or alleged wrongful acts, which took place prior to the retroactive date stated in the policy.

This policy covers only claims actually made against you while the policy remains in effect. All coverage under the policy ceases upon termination of the policy, except for the extended reporting period coverage, automatically in-force for one year after the

policy expiration date. There is no additional charge made for the one-year Extended Reporting Period coverage.

Except for the ERP, there is no coverage for claims reported after the termination of coverage.

The length of the ERP is for one year from the expiration date of the policy. Upon expiration of ERP coverage potential gaps, may exist.

During the first several years of the claims-made relationship, claims-made rates are comparatively lower than occurrence rates and that substantial annual premium increase; independent of overall rate level increases can be expected, until the claims-made relationship reaches maturity.

“ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AND 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 PENTALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION”

By signing below, the applicant for claims-made Pollution Liability coverage acknowledges receipt of the above information from us.

Signature of Insured:

Title: _____ Date: _____