

Section B Personnel

Number of officers/directors

Number of other key personnel

Total number of personnel

Has any other officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities? Yes No If yes, please explain

Please attach a statement of qualifications/resume for all officers, directors and key personnel listed.

Section C: Company profile

1. Date established
2. Does the applicant have:

Subsidiaries	A parent company	Other related entities
If yes, explain		
3. Do you share employees? Yes No If yes, explain:
4. Have there been any acquisitions, consolidations, dissolutions, mergers in the last 5 years? Yes No
If yes, explain:
5. Do you perform any operations on land owned by you or by any person who has ownership interest in your company? Yes No
If yes, explain:
6. Do your or any owners of the company house livestock that your or any other company owns?
Yes No
7. Do you require your clients to provide proof of insurance coverage for their livestock? Yes No
If no, please detail your certificate procedure:
8. Is the insured allowed to enter the confinement barn during the pumping process? Yes No
 - If yes, does the insured control the ventilation system and monitor air quality inside the barn? Yes No
 - If no, does the insured require the barn manager/farm owner to be on site for the duration of the pumping to ensure adequate air exchange inside the barn? Yes No

Section D: Requested coverage

Coverages	Mold		Limits	Renewal		New business	
	Yes	No		Deductible	Proposed retro		
CGL	Yes	No					
CPL Claims Made	Yes	No					
CPL Occurrence	Yes	No					
Transportation	Yes	No					
Professional liability	Yes	No					
Other	Yes	No					
Crawford	Alacrity	Hired & non-owned auto	TPL endorsement	Other (specify)			

Section E: Current/prior liability carrier information

Coverages	Carrier	Mold	Limits	Deductible	Retro	Premium
CPL Claims Made		Yes No				
CPL Occurrence		Yes No				
Transportation		Yes No				
Professional liability		Yes No				
Other		Yes No				

Section F: Gross receipts past three (3) fiscal years

	Fiscal year	Receipts	Note: Gross receipts are the total of all receipts, invoices and/or billings without any deductions. Please list your estimated gross receipts including work subcontracted to others for the next 12 months next to the appropriate category. List services not described below under "other" (be specific)
1 st year prior			
2 nd year prior			
3 rd year prior			

Section G: Schedule of vehicles and equipment

Type of vehicle	Total # of units	Type of vehicle	Total # of units
Tractors		Flatbed trailers	
Farm tractors		Tanks trailers (3,000 gallons or less)	
Spreaders		Tank trailers (over 3,000 gallons)	
Pickup truck		Other (specify)	
Stake and flatbed trucks		Other (specify)	
Tank trucks (3,000 gallons or less)		Other (specify)	
Tanks (over 3,000 gallons)		Other (specify)	

Section H: Operations

Contracting	Projected gross receipts	% subbed to others	Transportation	Projected gross receipts	% subbed to others
Manure application			Manure transporting		
Tank and pipe cleaning			Other trucking (specify)		
Other contracting (specify)			Other trucking (specify)		
Other contracting (specify)			Total estimated gross receipts		

Section I: Subcontracted operations

Check here if this section does not apply

1. Total percent of all work subcontracted to others:

2. Does your firm collect certificates of insurance from all subcontractors Yes No

3. Do you use a standard indemnity contract with clients and sub? Yes No
If no, please detail your contract procedure:

4. Do you ever haul hazardous waste materials? Yes No
a. If yes, do all your contracts for hauling materials to be disposed state that the generator of such materials and not your firm is responsible for selection the disposal site/facility? Yes No
b. If no, explain:

5. Do all drivers have their CDL with the hazardous materials endorsement? Yes No
If no, please explain:

6. Does your company select, own, or manage disposal sites for hazardous waste? Yes No

7. Who is authorized to sign hazardous waste manifests?
Is this part of the employee's job description? Yes No

8. Does your company comply with DOT rules with regard to placarding and labeling to properly identify hazardous waste? Yes No
If no, please attach an explanation

9. Have you had any hazardous materials transportation incidents in the last five (5) years? Yes No
If yes, please list and describe in detail

10. Do you provide temporary storage services for hazardous materials or other waste? Yes No
If yes:
a. What is the maximum amount of time you will hold materials prior to disposal?
b. What is the maximum quantity you will hold?
c. Are there any restrictions on the material you will hold while waiting for disposal arrangements?
 Yes No
d. Do you ever take responsibility for loading or unloading hazardous materials, waste, or petroleum substances? Yes No
If yes, please explain

1. Number of Owner-Operators currently contracted 2. How many are exclusive to your company?

3. Are there any drivers under contract or employment with DUI, DWI, or reckless driving convictions within the last 3 years? Yes No
If yes, please explain:

4. Do you have a minimum experience requirement for your drivers? Yes No
If yes, please describe:

5. Do you have a written driving training and orientation program? Yes No
If yes, please submit.

6. Do you have a training program? Yes No

7. Do you have training provided by 3rd parties off premises? Yes No

8. Do you have seminars provided on your premises? Yes No

9. Do you provide on the job training? Yes No
If yes, how long do drivers have to train prior to being allowed to drive alone?

10. Are motor vehicle reports (MVRs) obtained on all drivers prior to hire? If yes, how often are MVRs rechecked?	Yes	No
11. Are driver files current and in compliance with DOT regulations? If no, please explain:	Yes	No
12. Describe your regular driving safety program:		
13. Are driver logs kept and reviewed?	Yes	No
14. Do you require owner-operators to comply with your minimum experience, safety, maintenance and driver training requirements?		
	Yes	No
15. Is there a written maintenance program?	Yes	No
16. Is an individual service record file maintained on each vehicle?	Yes	No
17. Are vehicle condition reports (VCRs) completed daily?	Yes	No
18. Do your mechanics inspect owner/operator equipment?	Yes	No
19. Do you maintain owner/operator maintenance records?	Yes	No

Section N: Claims

1. Have any claims been made previously (last five years) against the Applicant or reported under any Commercial General liability, Contractor's Pollution Liability or Professional Liability policies? Yes No				
Auto Liability	Insurance company	Premium	Number of losses	Include loss & expenses paid & reserved
Current year				
1 st prior year				
2 nd prior year				
3 rd prior year				
4 th prior year				
Auto Pollution liability	Insurance company	Premium	Number of losses	Include loss & expenses paid & reserved

Current year				
1 st prior year				
2 nd prior year				
3 rd prior year				
4 th prior year				
<p>2. Has any claim, suit or notice of incident been made against the firm or any staff member? yes no If yes, please attach full details on each incident.</p> <p>3. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member? yes no If yes, please attach full details on each incident.</p>				

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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Warranty statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

Notice to applicants:

- a. Any person who knowingly and with intent to defraud any insurance company or Other person files an application for insurance containing any false information, or conceals for the Purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance Act, which is a crime.
- b. You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature

Title

Title