

ENVIRONMENTAL AND GENERAL LIABILITY EXPOSURES (EAGLE) PROGRAM® Application

FOR USE IN APPLYING FOR THE FOLLOWING PRODUCTS

EAGLE PRIMARY: COMMERCIAL GENERAL LIABILITY AND POLLUTION LEGAL LIABILITY COVERAGE FORM
EAGLE UMBRELLA: UMBRELLA POLICY FORM

The applicant is responsible for obtaining and reviewing whatever records are available, whether in their possession or in the public domain, which are necessary to answer any of the questions in this application. If necessary, please use page 8 to provide requested information and/or to further explain elements within the application.

PART I: BROKER INFORMATION			
BROKER NAME:			
MAILING ADDRESS:			
CITY:	STATE:	ZIP CODE:	
CONTACT NAME:			
TELEPHONE:	FAX:	EMAIL:	

PART II: APPLICANT INFORMATION			
INSURED NAME:			
MAILING ADDRESS: <small>(not P.O. BOX)</small>			
CITY:	STATE:	ZIP CODE:	
WEBSITE:			
INDIVIDUAL CONTACT NAME: <small>FOR LOSS CONTROL</small>			TITLE:
TELEPHONE:	FAX:	EMAIL:	
COMPANY TYPE:	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other		
Describe (if Joint Venture/Other):			
YEAR ESTABLISHED:			

GROSS REVENUE:	
Estimated for next 12 month policy period	
Expiring 12 month policy period	
2 nd Prior Year	
3 rd Prior Year	
4 th Prior Year	

LIST ALL NAMED INSURED/SUBSIDIARY COMPANIES FOR WHICH COVERAGE IS REQUESTED:		
Named Insured/Subsidiary Company	Description of Operations	Revenues

PART III: COVERAGE

Existing Coverage	General Liability		Pollution Legal Liability	
Limits				
Retention	SIR	Deductible	SIR	Deductible
Coverage Trigger	Claims Made	Occurrence	Claims Made	Occurrence
Claims Made Retroactive Date (if applicable)				
Carrier				
Premium				
Products Pollution	Yes	No		

Has any location, operation or product been excluded, limited in coverage or self-insured? Yes No
 If yes, please explain

Requested Coverage	General Liability		Pollution Legal Liability	
Proposed Coverage Effective Date:				
Limits				
SIR/Deductible				
Coverage Trigger	Claims Made	Occurrence	Claims Made	Occurrence

Proposed Insured Properties for Pollution Legal Liability:

If available please provide copies of Phase 1 or Phase 2 Environmental Site Assessments and any other Environmental Surveys or Audits conducted at the location(s) within the past three years.

1. Proposed Insured Properties - Owned or operated by any named insured:

Location Address (Include City & State)	Description of Operations at Location (Identify any on-site waste disposal)	Retro Date

Underground Storage Tanks:

Are there or were there ever any underground storage tanks located on the property(s) listed above?

Yes No

If "Yes", indicate size and contents

If "Yes" but are no longer in use, have the tanks been closed in accordance with applicable regulations?

Yes No If "Yes", attach evidence of proper closure (NFA letter, closure letters, etc.).

Above Ground Storage Tanks located at Proposed Insured Properties (Please complete a line for each tank):

Age	Construction	Size	Contents	Secondary Containment

2. Proposed Insured Properties – Not owned or operated by any named insured:

(Example - non-owned landfills, injection wells, recycling/treatment facilities, incinerators or non-owned warehouses)

Location Address (Include City & State)	Description of Operations at Location	Retro Date

3. Transportation Pollution Coverage:

(Complete only in Class 1 or Class 2 if exposure is present)

Average Number of Owned/Operated Daily Shipments	Class 1	Class 2	Average Number of Common Carrier Daily Shipments	Class 1	Class 2
Trucks			Trucks		
Rail			Rail		
Watercraft			Watercraft		
Aircraft			Aircraft		

Class 1: Solid hazardous material (such as asbestos, lead and contaminated soil) and all other liquids and gases not listed in Class 2

Class 2: All petroleum products, toxic or flammable chemicals, gases or other liquids, radioactive material, explosives

Is the average trip over 100 miles? Yes No

4. Optional Coverage Requests:

Indicate optional coverage or endorsements desired. (An additional premium may apply)

PART IV: PREMISES INFORMATION

1. Please indicate the number of:

Offices Manufacturing Warehouse/Storage

Multi-use Describe: _____

Other Describe: _____

2. Describe any security at the premises such as surveillance cameras, fencing, security guards, alarms etc.

3. Do you have tenants at any of your owned or operated premises? Yes No

If "Yes", please explain:

4. Do you conduct public tours at any of your owned or operated premises? Yes No

If "Yes", please explain:

PART V: PRODUCTS AND BUSINESS SERVICES INFORMATION

1. Business activity for the next twelve months:

Description of Operations	Sales
Manufacturing of product to own specifications	
Manufacturing of product to customer specifications	
Manufactured/processed by third parties	
Mixing or blending	
Distribution – no mixing, blending, or repackaging	
Distribution with Repackaging/labeling	
Broker/drop ship (no physical possession)	
Waste treatment, storage or disposal facilities Please describe:	
Other Please describe:	

2. List your 3 main products or product categories:

Product/Product Categories:	% of Sales
	%
	%
	%

3. To which market is your product directed:

Industrial ____% Intermediate Industrial ____% Contractor ____% Retail ____%

- 4. Is there a written quality control procedure for:**
- | | | |
|------------------|-----|----|
| Raw materials | Yes | No |
| Work in Progress | Yes | No |
| Finished Product | Yes | No |

5. Are all labels, instructions, operating manuals, advertisements and warranties periodically reviewed by legal counsel or others? Yes No

If "Yes", please explain:

6. Have any products been discontinued, recalled, retrofitted or significantly modified? Yes No

If "Yes", please describe:

7. Do you enter into indemnity or hold harmless agreements in connection with your business? Yes No

If "Yes", please describe:

8. Do any of your products involve any form of nanotechnology and/or incorporate or utilize material designed or manipulated at the nanoscale? Yes No

If "Yes", please explain:

9. Do you have a formal certificate of insurance program for your suppliers? Yes No

If "Yes", please describe:

10. Do you require additional insured status from your suppliers? Yes No

11. Do you import products or component parts? Yes No

If "Yes", please explain:

12. Do you export products? Yes No

If "Yes", please complete:

Country	Annual Revenue

13. Do you test incoming raw materials/component parts and outgoing products? Yes No

14. Do you perform the installation and maintenance of your product(s)? Yes No

If "Yes", please explain – including how often?

15. Do you arrange for subcontractors to install, service or repair your products? Yes No

If "Yes", do you require certificates of insurance evidencing at least \$1,000,000 in limits? Yes No

If "No", what is the minimum required?

16. Do you perform any other operations away from the premises you own or occupy? Yes No

If "Yes", please explain:

17. Are you certified by ISO or any other industrial organization? Yes No

If "Yes", state which certification:

18. How long do you retain records for the following?

Batch samples: Quality control reports:

Shipments: Complaints:

19. Do you belong to any trade or professional associations? Yes No

If "Yes", state which: _____

PART VI: UMBRELLA/EXCESS COVERAGE EXPOSURE INFORMATION

Umbrella Limit Requested:

1. Present Insurance Coverage:

	Auto Liability	Employers Liability	Umbrella	Foreign Liability
Carrier				
Limits				
Deductibles/SIRs				
Effective date				
Premium		NA		
Coverage trigger - if applicable	NA	NA	Claims Made Occurrence	Claims Made Occurrence

2. Auto Information:

Vehicle Type	# Driven ≤ 50 mile radius	# Driven > 50 mile radius
Private passenger		
Light truck (GVW ≤ 10,000lbs)		
Medium truck (GVW ≤ 20,000lbs)		
Heavy/extra heavy truck or truck/tractor (GVW > 20,000lbs)		

A. Do you have an auto safety & training program and check MVRS annually? Yes No
 If "Yes", please attach a copy of the table of contents of the safety & training program.

B. Do you have a vehicle maintenance program in place? Yes No

3. Workers Compensation:

A. Is applicant a qualified self-insurer for workers compensation coverage? Yes No
 If "Yes", please provide details:

B. Is the applicant subject to any of the following:

Check all that apply:

<input type="checkbox"/>	Jones act
<input type="checkbox"/>	Federal Employers' Liability Act
<input type="checkbox"/>	Longshoremen's and Harbor Workers Act

If "Yes", please provide details:

4. Has any umbrella carrier or excess insurer declined, cancelled or refused to renew? (NOTE: Missouri residents need not reply) Yes No

If "Yes", please provide details:

PART VII: CLAIMS INFORMATION

Please provide five years loss information for all lines of coverage requested.

1. Have you ever had a claim or loss over \$50,000? Yes No

If "Yes", please provide details (if not indicated in the attached loss runs):

2. In the last five years, has the applicant had any reportable releases or spills of hazardous substances, hazardous wastes or any other pollutants as defined by applicable environmental statutes or regulations?

Yes No

If "Yes", please provide details:

3. In the last five years, has the applicant been prosecuted or is the applicant currently being prosecuted for contravention of any standard or law relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental statutes or regulations?

Yes No

If "Yes", please provide details:

4. List all claims made against the applicant during the past five years for cleanup or response action, "toxic tort" or other bodily injury, or property damage, resulting from the release of hazardous substances, hazardous waste, or other pollutant, from this location or other locations owned or operated by the applicant, into the environment.

Please provide a brief description of the claim(s) and their disposition:

None to report

5. List all claims made against the applicant during the past five years for bodily injury, property damage, or environmental damage resulting from the ingestion, inhalation or release of hazardous substances or other pollutants related to any of your products.

Please provide a brief description of the claim(s) and their disposition:

None to report

For the purpose of Questions 6 and 7 below, "you" means the manager or supervisor of the applicant responsible for environmental affairs, control or compliance, or any manager of the location(s) which is the subject of this application, or any officer, director or partner of the applicant.

6. At the time of the signing of this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental damage, or for bodily injury or property damage arising from the release of hazardous substances or other pollutants into the environment? Yes No

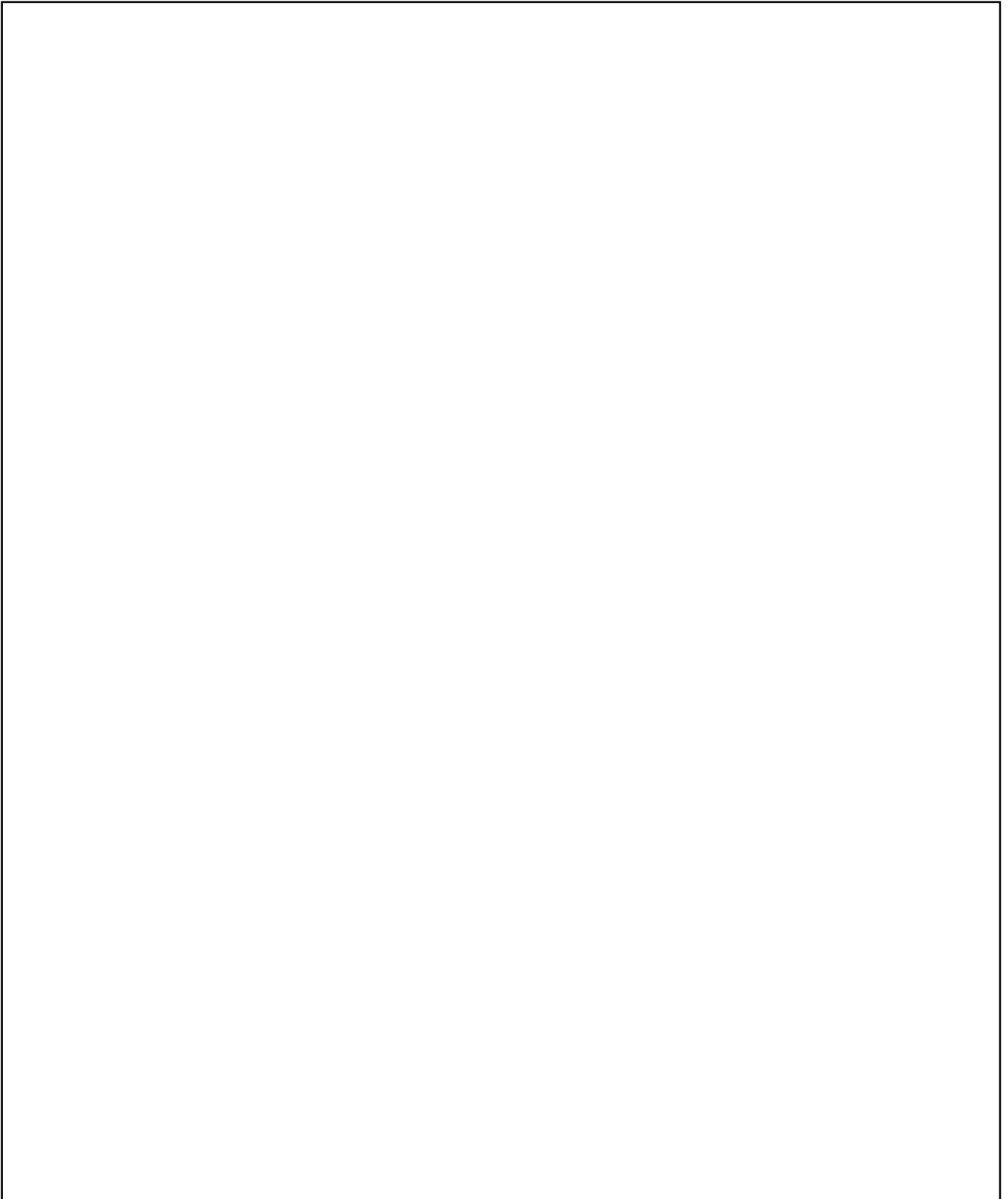
If "Yes", please provide details:

7. At the time of the signing of this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for bodily injury or property damage arising from the ingestion, inhalation or release of hazardous substances or other pollutants related to any of your products? Yes No

If "Yes", please provide details:

PART VIII: ADDITIONAL INFORMATION

If necessary, please use the blank space below to provide additional requested information or to further explain elements within the application.



NOTICE TO 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 MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: 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 COLORADO APPLICANTS: 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 AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: 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 FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: 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 APPLICANTS: 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 APPLICANTS: 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 MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY 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 NEW JERSEY APPLICANTS: 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 YORK 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 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.

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NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILE S A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: 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 (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA 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 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, VIRGINIA AND WASHINGTON APPLICANTS: 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 INSURANCE BENEFITS.

NOTICE TO VERMONT 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 MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. Applicant's acceptance of Company's quotation and Company's written agreement to be bound are required to bind coverage and to issue a policy. It is agreed that this form shall be the basis of the contract should a policy be issued, and will be attached to the policy and made a part thereof.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

If an order to bind coverage is received, the application will be attached to the policy so it is necessary that all questions be answered in detail.

The applicant understands and recognizes that this Policy is issued based upon the Company's reliance on the accuracy of the information disclosed and the truth of the statements made herein and in the disclosure process. The applicant further recognizes that any breach of the foregoing warranties could have a material adverse affect on the Company.

The applicant further declares, warrants and represents that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

I hereby certify to the truth of the foregoing and that I am authorized to execute the foregoing warranty and representation on behalf of the applicant.

SIGNATURE OF OFFICER OR OWNER

DATE

PRINT NAME AND TITLE

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