



**ENVIRONMENTAL AND GENERAL LIABILITY EXPOSURES (EAGLE) PROGRAM®**  
**- NACD INSURANCE PROGRAM MEMBER APPLICATION -**

**FOR USE IN APPLYING FOR THE FOLLOWING PRODUCTS**

**EAGLE PRIMARY: COMMERCIAL GENERAL LIABILITY AND POLLUTION LEGAL LIABILITY COVERAGE FORM**

**EAGLE EXCESS: COMMERCIAL EXCESS FOLLOW FORM 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/PROVINCE:	ZIP CODE:	
CONTACT NAME:			
TELEPHONE:	FAX:	EMAIL:	

PART II: APPLICANT INFORMATION			
INSURED NAME:			
MAILING ADDRESS: (not P.O. BOX)			
CITY:	STATE/PROVINCE:	ZIP CODE:	
WEBSITE:			
INDIVIDUAL CONTACT NAME: FOR LOSS CONTROL		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 <sup>nd</sup> Prior Year	
3 <sup>rd</sup> Prior Year	
4 <sup>th</sup> Prior Year	

**LIST ALL NAMED INSUREDS/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	<input type="checkbox"/>	SIR	Deductible
Coverage Trigger	Claims Made	Deductible	<input type="checkbox"/>	Claims Made	Deductible
Claims Made Retroactive Date (if applicable)					
Carrier					
Premium					
Products Pollution		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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	<input type="checkbox"/>	Occurrence	<input type="checkbox"/>
			Claims Made	<input type="checkbox"/>
			Occurrence	<input type="checkbox"/>

**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. Are any premises Chemical facility Anti-terrorism Standards (CFATS) Compliant?** Yes  No

If "Yes", please explain:

\_\_\_\_\_

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

If "Yes", please explain:

\_\_\_\_\_

6. Describe fire protection and control systems, such as alarms, sprinklers, extinguishers, etc.

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7. If sprinklers are utilized, do any sprinklers use any aqueous film-forming foam containing perfluorinated compounds? Yes  No

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8. Are you aware of any historical or ongoing discharges or releases, permitted or otherwise, of perfluorinated compounds or any aqueous film-forming foam containing perfluorinated compounds? 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. Do you produce, sell, distribute or manufacture any of the following:**

Product:	% of Sales
Asbestos	
Diacetyl	
Crystalline Silica	
Bisphenol	
Nanotechnology or Nanoscale Materials	
Chromated Copper Arsenate	
1,4-Dioxane	
Perchloroethylene	
Benzene	
Glyphosate	
Perfluorinated Compounds	
Thimerosal	
Dicamba	
Formaldehyde	
Aldehydes	
Diketone	
Ammonium Nitrate	
Cannabis	
CBD	
Paraquat	
Ethylene Oxide	

4. Please explain any “yes” response in 3., above, including any repackaging, mixing or blending, or sales under your label:

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5. Are any of your products used in downhole oil and gas applications?

Yes  No

If “Yes”, please explain:

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6. To which market is your product directed:

Industrial \_\_\_\_\_% Intermediate Industrial \_\_\_\_\_% Contractor \_\_\_\_\_% Retail \_\_\_\_\_%

7. Do any of your products contain any intentionally added perfluorinated compounds? Yes  No

If “Yes”, please explain:

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8. Are any of your products stored, or packaged, in fluorinated polyethylene containers? Yes  No

If “Yes”, please explain:

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9. Is there a written quality control procedure for:

Raw materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work in Progress	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Finished Product	Yes <input type="checkbox"/>	No <input type="checkbox"/>

10. Are shelf life, warnings, storage precautions and ingredients shown on the label of your containers?

Yes  No

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

If “Yes”, please explain:

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

If “Yes”, please describe:

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

If “Yes”, please describe:

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14. Do you agree to indemnify or hold harmless suppliers against claims or suits for bodily injury, property damage or personal injury in connection with your products? Yes  No

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

If “Yes”, please describe:

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

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

If “Yes”, please explain:

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18. Do you export products? Yes  No   
 If "Yes", please complete:

Country	Annual Revenue

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

20. Do you perform the installation and maintenance of your product(s)? Yes  No   
 If "Yes", please explain – including how often?

\_\_\_\_\_

21. 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? \_\_\_\_\_

22. Do you perform any other operations away from the premises you own or occupy? Yes  No   
 If "Yes", please explain: \_\_\_\_\_

23. Are you certified by ISO or any other industrial organization? Yes  No   
 If "Yes", state which certification: \_\_\_\_\_

24. How long do you retain records for the following?  
 Batch Samples: \_\_\_\_\_ Shipments: \_\_\_\_\_  
 Quality control reports: \_\_\_\_\_ Complaints: \_\_\_\_\_

25. Are serial and/or batch numbers shown on your finished product and shipping invoices? Yes  No

26. 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 <input type="checkbox"/> Occurrence <input type="checkbox"/>	Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/>

**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 any hazardous substances, including, but not limited to, diacetyl, asbestos, lead, silica, or benzene, or any other pollutants whatsoever 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, 7 and 8 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: \_\_\_\_\_

8. 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, bodily injury or property damage arising from a release of perfluorinated compounds into the environment, or from the presence of perfluorinated compounds in any of your products? Yes  No



**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 ALABAMA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

**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 KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**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. 100975 (04/16)

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY 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 MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**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.

**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 FILES 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 OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**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 PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW. 100975 (04/16) Page 11 of 11 SIGNATURE OF OFFICER OR OWNER DATE PRINT NAME AND TITLE

**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.

Your participation in the National Association of Chemical Distributors (NACD) Insurance Program (the "Program") benefits the NACD. For purposes of recognition and Program betterment, NACD has requested that Axon Underwriting Services, LLC and AIG Specialty Insurance Company inform NACD that the Insured has participated in the Program. No other information from this application shall be disclosed to NACD.

**Applicant's Release and Waiver:** The applicant hereby agrees to release and forever discharge and hold harmless Axon Underwriting Services, LLC ("Axon") and AIG Specialty Insurance Company ("AIGSIC"), its directors, officers, employees, parent and affiliates and their successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Axon or AIGSIC's disclosure of the Insured's participation in the Program to NACD.

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

\_\_\_\_\_  
SIGNATURE OF OFFICER OR OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME AND TITLE