

# Benchmark

**MANAGEMENT GROUP, INC.**

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 Phone: (630) 778-7000 Fax: (630) 778-7007

## LIVESTOCK MANURE APPLICATORS & TRANSPORTERS POLLUTION LIABILITY SUPPLEMENTAL APPLICATION

### PLEASE ANSWER ALL QUESTIONS IN FULL

**NOTICE:** If a policy is issued, the limit 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 retention amount.

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

- 1) Five years of currently valued CGL loss runs
- 2) Acord Commercial General Liability applications (ACORD 125 and ACORD 126).

APPLICANT		DATE	
ADDRESS			
CITY	STATE	<u>ZIP CODE</u>	<u>TELEPHONE #</u>
Company is an: Individual _____ Partnership _____ Corporation _____ Joint Venture _____ Other (describe) _____			
<b>1. COVERAGE REQUESTED</b> <input type="checkbox"/> New Business <input type="checkbox"/> Renewal  <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Contractors Pollution Liability <input type="checkbox"/> Transportation Pollution Liability		<b>2. Proposed Effective Date:</b>  <b>3. LIMITS OF LIABILITY/DEDUCTIBLE</b> Limits Requested: \$ _____ Deductible Requested: \$ _____  <b>4. Other Coverage's and Endorsements:</b>	

**5. HISTORY OF COMPANY**

Date Established: \_\_\_\_\_

Have there been any acquisitions, consolidations, dissolutions, and mergers?  Yes  No

If yes, explain:

Does the firm have:  Subsidiaries  A parent company  Other related entities

If yes, explain:

Do you share employees?  Yes  No

If yes, explain:

**6. PRIOR POLLUTION LIABILITY CARRIER INFORMATION**

**CONTRACTORS POLLUTION LIABILITY**

<i>CARRIER</i>	<i>RECEIPTS</i>	<i>LIMITS OF LIABILITY</i>	<i>DEDUCTIBLE</i>	<i>PREMIUM</i>
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**MOTOR VEHICLE / TRANSPORTATION / AUTO POLLUTION LIABILITY**

<i>CARRIER</i>	<i>LIMITS OF LIABILITY</i>	<i>DEDUCTIBLE</i>	<i>PREMIUM</i>
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**7. Any policy or coverage declined, cancelled or non-renewed during the prior three years?**

Yes  No If yes, explain:

8. Total Employees (List each person only once by primary function):

- a. Principals: \_\_\_\_\_
- b. Project Supervisors / Foreman: \_\_\_\_\_
- c. Laborers: \_\_\_\_\_
- d. Equipment Operators: \_\_\_\_\_
- e. Drivers – Full Time \_\_\_\_\_
- f. Drivers – Part Time \_\_\_\_\_
- g. Other (specify): \_\_\_\_\_

9. Schedule of Vehicles & Equipment (Show total number of units for each of the following)

- \_\_\_\_\_ Pickup Trucks
- \_\_\_\_\_ Stake and Flat Bed Trucks
- \_\_\_\_\_ Tank Trucks (3,000 Gallons or Less)
- \_\_\_\_\_ Tank Trucks (over 3,000 Gallons)
- \_\_\_\_\_ Tractors
- \_\_\_\_\_ Tank Trailers (3,000 Gallons or Less)
- \_\_\_\_\_ Tank Trailers (over 3,000 Gallons)
- \_\_\_\_\_ Flat Bed Trailers
- \_\_\_\_\_ Farm Tractors
- \_\_\_\_\_ Spreaders
- \_\_\_\_\_ Other (List) \_\_\_\_\_

10. Gross Receipts for the past 3 fiscal years: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /  
 Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /

Note: Gross Receipts are the total of all receipts, invoices and/or billings without any deductions of any kind. Please list your estimated gross receipts *including subcontracted work* for the next 12 months next to the appropriate category. List services not described below under "Other" (be specific):

<u>Transportation:</u>	<u>Est. Gross Receipts</u>	<u>Contracting</u>	<u>Est. Gross Receipts:</u>
Manure Transporting	\$ _____	Manure Application	\$ _____
Other Trucking / Please describe	_____	Tank & Pipe Cleaning	\$ _____
_____	_____	Other Contracting / Please describe	_____
_____	_____	_____	_____

Total Estimated Gross Sales \$ \_\_\_\_\_

11. Subcontractors / Independent Contractors

Please identify the services that you subcontract:      Applicable Cost

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

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

12. Do you use a standard indemnity contract with your clients and subs?       Yes     No

If no, please detail your contract procedures: \_\_\_\_\_

13. Hazardous Waste – Hazardous Materials

a. Do you ever haul hazardous waste / materials?       Yes     No

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 selecting the disposal site/facility?  Yes     No

If no, please explain: \_\_\_\_\_

b. Do all drivers have their CDL with the hazardous materials endorsement?       Yes     No

If no, please explain: \_\_\_\_\_

13. Hazardous Waste – Hazardous Materials - continued
- c. Does your company select, own or manage disposal sites for hazardous waste?  Yes  No  
If yes, please explain: \_\_\_\_\_
- d. Who is authorized to sign hazardous waste manifests? \_\_\_\_\_  
Is this part of the employee's job description?  Yes  No
- e. 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.
- f. List and describe all hazardous materials transportation incidents during the last five (5) years (if none, so state): \_\_\_\_\_
14. WASTE HANDLING:
- a. Do you provide temporary storage services for hazardous materials or other waste?  
 Yes  No  
If yes, what is the maximum amount of time you will hold materials prior to disposal? \_\_\_\_\_  
What is the maximum quantities you will hold? \_\_\_\_\_
- b. Are there any restrictions on the material you will hold while waiting for disposal?  
arrangements?  Yes  No
- c. Do you ever take responsibility for loading or unloading hazardous materials or waste or petroleum substances?  Yes  No  
If yes, please explain: \_\_\_\_\_
15. DRIVER INFORMATION
- a. Number of Owner-Operators currently contracted \_\_\_\_\_  
Exclusive to your company: \_\_\_\_\_
- b. 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 list \_\_\_\_\_
- c. Do you have a minimum experience requirement for your drivers?  Yes  No  
If Yes, Please describe \_\_\_\_\_
16. Provide the following information on your driver training and orientation programs. If you have a written manual please submit a copy (check all that apply):  
\_\_\_\_\_ we have no training program \_\_\_\_\_ training provided by 3rd parties off premises  
\_\_\_\_\_ seminars provided at our premises \_\_\_\_\_ on the job training  
\_\_\_\_\_ other: \_\_\_\_\_  
For those trained on the job how long do they have to train prior to being allowed to drive alone?  
\_\_\_\_\_
17. Are motor vehicle reports (MVRs) obtained on all drivers prior to hire?  Yes  No  
How often are MVRs rechecked? \_\_\_\_\_
18. Are driver files current and in compliance with DOT regulations?  Yes  No  
If no, please explain: \_\_\_\_\_  
 Yes  No
19. Describe your regular driving safety program: \_\_\_\_\_
20. Are driver logs kept and reviewed?  Yes  No
21. Do you require owner-operators to comply with your minimum experience, safety, maintenance and driver training requirements?  Yes  No
22. VEHICLE MAINTENANCE:
- a. Is there a written maintenance program?  Yes  No
- b. Is an individual service record file maintained on each vehicle?  Yes  No
- c. Are vehicle condition reports (VCRs) completed daily?  Yes  No
- f. Do your mechanics inspect owner/operator equipment?  Yes  No
- g. Do you maintain owner/operator maintenance records?  Yes  No

23. **LOSS EXPERIENCE:** Please provide totals as requested below for each of the last five years. The total of all losses both insured and uninsured should be included:

\*Auto Liability:

<u>YEAR</u>	<u>INSURANCE COMPANY</u>	<u>PREMIUM</u>	<u>LOSSES</u>	<u># OF LOSSES</u>
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\*Automobile Pollution Liability:

<u>YEAR</u>	<u>INSURANCE COMPANY</u>	<u>PREMIUM</u>	<u>LOSSES</u>	<u># OF LOSSES</u>
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\* Insurance company loss runs must be provided. Please provide explanation and copies of accident and police reports on all losses in excess of \$10,000.

24. Has any claim, suit or notice of incident been made against the firm or any staff member?  Yes  No  
If yes, please advise or attach full details on each incident.

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25. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, and his predecessors in business, any of the present or past partners or officers, or any staff member?  Yes  No

If yes, please advise or attach full details on each incident.

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**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)

\_\_\_\_\_  
(Date)