



**GOLF FACILITY APPLICATION
LIMITED ABOVE GROUND POLLUTION LIABILITY POLICY AND
HERBICIDE, PESTICIDE, FUNGICIDE OR
FERTILIZER APPLICATION ENDORSEMENT**

**THIS IS A CLAIMS-MADE POLICY WHICH INCLUDES DEFENSE EXPENSE WITHIN THE LIMITS OF COVERAGE
Include completed ACORD application forms for Applicant Information and General Liability**

Named Insured

Insured's Address (Street, City, State, Zip)

Agency

Agent's Name

Agency Address (Street, City, State, Zip)

LIMITED ABOVE GROUND POLLUTION LIABILITY

1. List chemical or petroleum substances stored in above ground tanks, barrels and/or other containers and maximum quantity that would be on your premises or at a worksite at any one time:

| Chemical Name | Maximum Quantity |
|---------------|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2. Have any claims been made or suits brought against you for bodily injury or property damage due to environmental damage? Yes No
3. Have you been investigated and/or fined by any local, state or federal agency for spills or discharges of substances to the environment?..... Yes No
4. Do you hold a permit or license by any local, state or federal environmental agency?..... Yes No

5. Limits of Liability: *Maximum Limits cannot exceed \$1,000,000/\$1,000,000*
 \$250,000/\$500,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 Other \$ _____ / \$ _____

6. Effective Date: _____ Retroactive Date: (Not earlier than effective date of first policy)

HERBICIDE, PESTICIDE, FUNGICIDE OR FERTILIZER APPLICATION ENDORSEMENT

| | | |
|--|----------------------------------|-----------------------------------|
| Limit of Liability: <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 | Total Number of Holes on Course: | What Year Was Course Constructed? |
|--|----------------------------------|-----------------------------------|

1. Are your employees licensed and/or certified for the application of pesticides and herbicides? Yes No
2. Are there protected wetlands or coastal zones adjoining the property?..... Yes No
3. Are drinking water wells located within 500 feet of the golf course? Yes No
4. Are groundwater monitoring wells maintained and used? *If yes, describe the monitoring activities, tests performed, results over the past 3 years, and what laboratory was used to analyze the samples.....* Yes No
5. Is there a written procedure for the maintenance, storage and use of golf course chemicals?..... Yes No
6. Are complete and reconcilable inventory records kept of all golf course chemicals?..... Yes No
7. Are Material Safety Data Sheets (MSDS) retained in file for all golf course chemicals currently in use? Yes No
8. Is there a written procedure in place to address the contingency of a chemical spill? *Please describe:* Yes No

Herbicide, Pesticide, Fungicide Storage Building/Room

9. A. What is construction of the storage building? *Please describe:* _____

B. What is floor construction? Poured Concrete Wood Dirt

C. Any floor drains in room?..... Yes No

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

D. Other uses of chemical storage building: _____

E. Does the chemical storage area have mechanical or natural ventilation to the building exterior?..... Yes No

F. How is the storage room secured and separated from other building areas? *Please describe:* _____

G. Are warning signs posted?..... Yes No

H. Are storage areas secured at all times with lock and key?..... Yes No

I. How are herbicides, pesticides and fungicides stored? *Please describe:* _____

10. Do you know of any past injury or damage arising out of the application of any herbicide, pesticide, fungicide or fertilizer? *If yes, please describe:* _____ Yes No

11.Have you received any clean up orders from governmental or environmental agencies in the last 5 years? *If yes, please describe:* _____ Yes No

12. Have you been cited, fined or penalized or received complaints because of the use of herbicides, fungicides or pesticides? *If yes, please describe:* _____ Yes No

13. Please list all banned chemicals and/or chemicals containing mercury, arsenic, cadmium, chlordane, agent orange, etc. that have been previously used. *Describe use of each.* _____

FRAUD WARNING [Not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah, or Vermont]: Any person who knowingly and with intent to defraud any insurance company or another 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, and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

COLORADO FRAUD WARNING: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 Agencies.

HAWAII FRAUD WARNING: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

OHIO FRAUD WARNING: Any person who, with intent to defraud or knowing that he/she 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.

OKLAHOMA FRAUD 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.

NOTICE TO AGENT: THIS IS NOT A POLICY OR COVERAGE FORM AND BINDING IS NOT AUTHORIZED BY AGENT

| | |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|