



HERBICIDE/PESTICIDE SUPPLEMENTAL APPLICATION

- 1. Name of Applicant: _____
2. Are your employees licensed to apply pesticides, herbicides for the following types of application? If so, please list employee names, license numbers, and license expiration dates: _____

Turf [] Yes [] No
Water [] Yes [] No
Trees [] Yes [] No

- 3. Please list all banned use chemicals that have been applied over the last five (5) years or are now being applied to your golf course. Please include:
a) The approximate amount of the chemical per application or per year.
b) The approximate date that use was discontinued.
c) The method of disposal.

- 4. Do you use licensed independent contractors for application? [] Yes [] No; if "Yes", please confirm that you obtain certificates of insurance from these contractors which show evidence of Comprehensive General Liability coverage including Products/Completed Operations coverage.

- 5. Pesticide Storage Building/Room
a) What is the construction of building? [] Frame [] Masonry [] Non-Combustible [] Other _____
b) What is the floor construction: [] Poured Concrete [] Wood [] Dirt [] Other _____
c) Any floor drains in room? [] Yes [] No
d) If there is a floor drain, where does it drain to? _____
e) Is the storage room completely enclosed by a 4" sill? [] Yes [] No
f) Is the building used for: [] Permanent/temporary residence [] Rest areas [] Food preparation areas
g) Does the chemical storage area have mechanical or natural ventilation to the building exterior? [] Yes [] No

- 6. THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:
(a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the Issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
(b) If any claims, threatened claims, or other matters which might affect issuance of a Policy come to the attention of Applicant after execution or filing of this Application with the Insurer but before a Policy issues, Applicant must notify the Insurer immediately.
(c) All exclusions in the Policy apply regardless of any answers or statements in this Application.

(d) Applicant understands that the limit of liability and deductible under any Policy to be issued in response hereto shall include both loss payment and claim expenses as defined in the Policy.

Applicant Signature: _____ Date Signed: _____

By: _____

Title: _____

Agent/Broker: _____

Address: _____

Phone: _____ Telex: _____ Telefax: _____

NOTE: Please be sure to attach 5 years Loss Experience in Detail.