

**APPLICATION FOR NORTHSTAR COOPERATIVE, INC.  
DAIRY FARM ENVIRONMENTAL  
SITE AND THIRD PARTY LIABILITY**

THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY. IN ADDITION TO OTHER LIMITATIONS ON COVERAGE, PAYMENT OF LEGAL EXPENSE REDUCES THE LIMITS OF INSURANCE. PLEASE READ THE POLICY CAREFULLY.

For purposes of this application, "you" and "your" refer to the named insured designated below and any officer, partner, director, manager or member thereof.

*Attach additional sheets as needed to provide the requested information.*

**ENVIRONMENTAL LIABILITY POLICY TERMS**

**Policy Period: 3 Year Term**

**Limits of Insurance: Each Pollution Incident \$ 2,000,000/Aggregate \$ 2,000,000** (Additional limits can be requested)

**Deductible: \$ 10,000**

**A. GENERAL INFORMATION**

- 1. Named Insured(s): \_\_\_\_\_  
 NorthStar Customer # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

- 2. Describe Operations in addition to Dairy Farming: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. HISTORY**

- 1. During the past five (5) years have there been any reportable discharges or releases of any hazardous substance or pollutant at or from any sites for which this application is being made? No Yes If yes, describe in detail including if you were prosecuted, and/or claims were made against you by a third party:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 2. Are there on-going environmental remediation projects at any of your sites? Yes No (If "yes", describe):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Is there existing contamination at any of your sites that you are aware of ? Yes No (If "yes", describe):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Are you aware of any fact or circumstance that could reasonably be expected to result in a claim being made against you arising from the release of any hazardous substance or pollutant into the environment?  
No Yes (If "yes", describe in detail):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. EXISTING ENVIRONMENTAL INSURANCE COVERAGE**

- a. Do you currently have environmental insurance?  Yes  No  
 b. If yes, is the coverage included in your current Farmowners policy:  Yes  No

**D. ENVIRONMENTAL MANAGEMENT**

1. What is approximate distance to nearby streams, rivers, wetlands and any navigatable waterways:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Describe chemical and fertilizer storage, facilities and handling practices: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Describe emergency milk disposal practices: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. List any certifications and programs followed that proactively protect your farm from an environmental incident:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E. INSURED SITE INFORMATION**

1. Sites to be Insured: (Attach additional page if necessary)

Location #	Total Acres	Own/Lease	Address and Description of Operations

2. Herd Information:

Location	Number Of:			<input type="checkbox"/> Confinement <input type="checkbox"/> Pasture	Total Number of Cattle
	Dairy	Beef	Heifers		
				<input type="checkbox"/> Confinement <input type="checkbox"/> Pasture	
				<input type="checkbox"/> Confinement <input type="checkbox"/> Pasture	
				<input type="checkbox"/> Confinement <input type="checkbox"/> Pasture	

3. How are the animal wastes handled and disposed of?

Location #	Description

3a. Describe construction and capacity of manure storage facilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3b. Describe manure application and timing plan: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Describe milkhouse and milking center wastewater practices: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Describe effluent handling facilities and practices: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Describe management practices and facilities for barnyard runoff including the nutrient plans that are place. Is there a written nutrient plan?    Yes    No   If yes, please include a copy with this application.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Describe any on-site waste disposal activities (i.e. landfill, ponds, surface impoundment, lagoons, septic systems, leach fields, solvent recovery, incineration, etc.) at each proposed insured site (not referring to manure pits):

Location #	Description

8. Indicate any environmental permits applicable for any of your properties.

Location #	Details

9. Do you have groundwater monitoring wells at any of your properties?  Yes  No If yes please describe:

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**F. ONSITE STORAGE TANK INFORMATION**

1. For each proposed insured site, provide the following information. Clearly identify the insured site at which each tank is located:

Aboveground Storage Tanks (AST) <input type="checkbox"/> N/A						
Location	Product or Contents	Capacity in Gallons	Age	Construction	Secondary Containment	Inventory Control Monitoring Type

\*(See below for storage tank information)

Underground Storage Tanks (UST) (10% or more of tank underground): <input type="checkbox"/> N/A					
Location #	Tank #	Contents	Capacity in Gallons	Construction	Piping Construction

\*(See below for storage tank information)

*STORAGE TANK INFORMATION	
CONSTRUCTION	PIPING CONSTRUCTION (For UST's Only)
FRP – Double-walled	FRP -Double
FRP – Single-walled	FRP - Single
STI - P3 – Double	Steel - Double
STI - P3 – Single	Steel - Single
FRP/Steel Composite #2	Plastic - Double
Bare or Painted Steel	Plastic - Single
Concrete	
Other (specify)	

**G. TRANSPORTATION OF PRODUCT OR WASTE:**

1. By your vehicles:  Yes  No

If yes, please provide:

- type waste/product transported: \_\_\_\_\_
- hazardous or non-hazardous: \_\_\_\_\_
- distance transported: \_\_\_\_\_
- number of vehicles used: \_\_\_\_\_
- number of trips per year: \_\_\_\_\_

2. By third party vehicles:  Yes  No

If yes, please provide:

- type waste/product transported: \_\_\_\_\_
- hazardous or non-hazardous: \_\_\_\_\_
- distance transported: \_\_\_\_\_
- number of carriers used: \_\_\_\_\_
- number of trips per year: \_\_\_\_\_
- name & address of carrier: \_\_\_\_\_
- carrier's insurance: \_\_\_\_\_
- written contract or agreement: \_\_\_\_\_

**OPTIONAL COVERAGES**

**A. OFF SITE WASTE DISPOSAL PROCESSES/SITES:**

Describe off-site waste disposal processes and name sites utilized:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. PROVIDING SERVICES TO OTHERS**

Do you perform these operations for others?  Yes  No

If yes, and you want coverage options please complete this detail:

	Total Projected Gross Receipts	Percent of Gross Receipts In-House	Percent of Gross Receipts Subcontracted	Total Projected Acres
<b>Chemical Application</b>				
<b>Fertilizer Application (non-manure)</b>				
<b>Manure Application</b>				
<b>Planting</b>				
<b>Tilling</b>				
<b>Harvest</b>				
<b>Other Services (Please Describe)</b>				

C. AERIAL APPLICATION DONE BY THIRD PARTY CONTRACTOR:  Yes  No

If yes, describe services and if you get a certificate of insurance from the contractor:

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**By signing below, applicant hereby certifies that the statements made and the information and data supplied herewith are true, accurate and complete.**

**COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**CERTIFICATION**

The undersigned persons declare that to the best of their knowledge the statements set forth above and in any attachments to this APPLICATION are true and correct, and that every reasonable effort has been made to obtain sufficient information to facilitate the proper and accurate completion of this APPLICATION. The undersigned agree that if any significant change in the condition of the Applicant is discovered between the date of this APPLICATION and the effective date of the policy which would render this APPLICATION inaccurate or incomplete, notice of such change will be reported in writing to the COMPANY immediately and, if necessary, any outstanding quotation may be modified or withdrawn. The undersigned persons understand and further agree that the completion and signing of this APPLICATION neither binds the COMPANY to sell nor the Applicant to purchase the insurance.

**PLEASE NOTE: ONLY DULY APPOINTED AGENTS OF THE COMPANY AND LICENSED BROKERS ARE AUTHORIZED TO SOLICIT APPLICATIONS FOR COVERAGE. AGENTS AND BROKERS ARE NOT AUTHORIZED TO BIND COVERAGE. NO COVERAGE SHALL BE PROVIDED UNLESS THE COMPANY ACCEPTS THE APPLICATION AND BINDS THE COVERAGE.**

**False Information:**

Any person who, knowingly and with intent to defraud an insurance company or other person, files an Application or insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

**False Information (Ohio Only):**

Any person who, with the 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.

<u>Signature of Applicant</u>	<u>Date</u>
<u>Print Name</u>	<u>Title</u>
<b>Applicant</b>	