

Limited Pollution Liability Questionnaire

All questions must be completed in full

Water

Insured Name:____ Address:____

A. Limit of Insurance Requested: \$ _____

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1. Are employees licensed to apply pesticides/herbicides to the following? (check all that apply):

2. For these licensed employees, provide the following:

Trees

Name	License #	Expiration Date		

3. List and provide information on all banned for use chemicals that have been applied over the last 5 years or are now being applied to your golf course.

Chemical	Amount of chemical used (per application/year)	Date use was discontinued	Method of disposal	
4. Do you use licensed indepe	ndent contractors for application	on? Yes 🗌 No		

If yes, describe type of application performed:_____

Do you obtain certificates of insurance from these contractors that include Co	mprehe	ensive	Genera	al Liability with Products
and Completed Operations coverage? Yes 🗌 No 🗌				
5. Do you post warning signs during the application of chemicals? Yes		No		
6. Do you have formal recordkeeping procedures chemical application?	Yes		No	

7. Have greens or fairways ever been seriously damaged due to over application of chemicals? Yes 🗌 No



8. Do you have a designated on-site storage area for chemicals? Yes 🗌 No 🗌				
Designated Storage Building/Room				
A. Construction: Frame Masonry Non-Combustible Other (describe): B. Floor construction: Poured concrete Wood Dirt				
Explain any YES response(s):				
F. Ventilation to the building exterior is: Mechanical Natural G. Describe how storage room is secured and separated from other building areas: » Are warning signs posted? Yes No » Is storage area secured at all times with lock and key? Yes No H. How are pesticides stored? Floor/ground Wood Pallets Metal shelves Wood racks Other Image: Comparison of the past 5 years. If none, check here J. In the last 5 years, have you ever received any clean-up orders? Yes No If yes, describe on a separate sheet K. Are there any local, state, or federal statutes, standards or regulations with which you do not comply? Yes No I declare that to the best of my knowledge and belief, all of the forgoing statements are true, and that these statements are declarations upon which this insurance policy may be issued.				
Completed by (Print or type name) Title				
Signature (Insured) Date				
Contact: Club Program Division				
(P) 800.446.5311				
(F) 973.921.2876				

Additional Comments – Use separate sheet if necessary

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