



HERBICIDE/INSECTICIDE/PESTICIDE EXTENSION

Refer to Declarations or Supplemental Declarations if information is not shown on this form.
For an additional premium, *we* provide coverage under this endorsement subject to the *terms* contained in the General Policy Provisions.

Policy No. _____
Named Insured _____

SCHEDULE

List and describe the herbicide(s), insecticide(s) and/or pesticides used at the *insured premises*:

Brand or Generic Name	Purpose or Function of the Product
1.	
2.	
3.	
4.	
5.	

Use supplementary sheets as needed

WHAT WE PAY FOR

We pay up to \$5,000, or the amount shown on the Supplemental Declarations, for *bodily injury* or *property damage* arising out of the actual, alleged or threatened discharge, dispersal, release or escape of the herbicide(s), insecticide(s), and/or pesticide(s) scheduled above when being stored, handled or applied in the course of covered operations at the *insured premises*.

This extension of coverage is applicable only when the designated herbicide(s), insecticide(s), and/or pesticide(s) is being stored, handled or applied in accordance with the manufacturer's specifications and in compliance with applicable statutes, ordinances, regulations or license requirements of any federal, state or local government.

WHAT WE DO NOT PAY FOR

We do not pay for *bodily injury* or *property damage* arising out of the actual, alleged or threatened discharge, dispersal, release or escape of the scheduled herbicide(s), insecticide(s), and/or pesticide(s), or any other pollutant:

1. while being transported, handled, stored, treated, disposed of, or processed as waste; or
2. that is owned by others and stored on the *insured premises*.

All other *terms* and conditions remain unchanged.