## AGRICHEMICAL WAREHOUSING STANDARDS ASSOCIATION

CONFIRMATION OF COVERAGE FORM - WAREHOUSING STANDARD PROTOCOL II

## Appendix II.

To be provided to AWSA Authorized Auditor as part of complian	ce documentation and a copy forwarded with the audit to AWSA.	
1. Name of Insurer:	2. Name of Agent/Broker:	
Address of Insurer:		
Policy or Certificate #:	Policy Period:	
3. Company:		
Name of Insured:	AWSA Compliance #:	
Covered Location:		
4. Policy Limits		
EITHER		
(a) Pollution Legal Liability Limit (Off premises pollution)	(minimum \$2 million limit)	
(b) Deductible per loss occurrence	(maximum \$50,000 per occurrence)	
(c) On Site Clean-up Limit	(minimum \$2 million limit)	
(d)Deductible per loss occurrence		
OR	(maximum \$50,000 per occurrence)	
(e) A <i>combined</i> limit covering both off premises and on premises pollution <i>inclusively</i>	(minimum \$2 million limit)	
(f)Deductible per occurrence	(maximum \$50,000 per loss occurrence)	
5.The policy limits specified in 4 (above) may be shared by a (refer to the notes on the reverse of this form). If so, comple Aggregate policy limit with respect to all covered locations are	te the following:	
# of location:	(minimum per schedule on reverse of this form)	
(a) fully concurrent with the minimum requirements set out therein and (b) that any other risk exposure of the Company on whose behalf this representation of aware that AWSA and its auditors appointed for the purpose place absolute relia insurance provisions incorporated in AWSA Warehousing Standards, Insurance, It is further understood and agreed that the undersigned will give 15 days writte otherwise terminated prior to the specified expiration date of the policy; or if the	ousing Standard, Insurance, Section I, and that the coverage represented above is the limits of coverage described hereon are separate from, and not affected by coverage is being made. The undersigned further acknowledges that he/she is ance on this representation as evidence of compliance with the compulsory AWSA Section I.	
NAME OF AUTHORIZED REPRESENTATITVE OF INSURER:		
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF INSURER:		
DATE:		

The Standard Confirmation of Coverage form is designed for use by facilities that have insurance meeting the required levels of coverage, limits and deductibles. Warehouse facilities require environmental coverage for a minimum of either (a) \$2 million for on site coverage and a separate \$2 million for off-site coverage, or (b) \$2 million for on site and off site coverage inclusively and combined.

This form must be completed fully and signed by an authorized insurance representative.

A separate form must be completed for each location for which insurance is required. In instances where the AWSA member operates two or more locations that are insured under the same insurance policy, the minimum limit of \$2 million must be certified with respect to each location, but an annual policy aggregate applicable to all locations is permissible. The aggregate limits must be in compliance with the following schedule:

1. One location	Minimum limits:	\$2 million per occurrence, \$2 million in the policy aggregate
2. Two locations	Minimum limits:	\$2 million per occurrence \$4 million in the policy aggregate
3. Three locations (or more)	Minimum limits	\$2 million per occurrence \$5 million in the policy aggregate