



CHEMICAL APPLICATION

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Please complete each section of application and answer all questions as accurately as possible for each location.

1 **NAMED INSURED:** _____
 Address: _____
 Contact: _____ Title: _____
 Telephone: _____ Fax: _____
 Website Address: _____ E-mail Address: _____
 Association Memberships (NACD, SOCMA, NPCA, ISSA etc): _____
 Length of time in business: _____
 ISO 9000 Certified: Yes No ISO 14000 Certified: Yes No

2 **RECORD:**

a. Have you during the last five (5) years been cited and/or prosecuted for contravention or violation of any standard or law relating to any release from a site of any substance into sewers, rivers, seas, air or onto land?
 Yes No If yes, explain: _____

b. Describe any facility or transportation pollution incidents or claims during the last 5 years (if none, please state so):

c. At the time of signing this Application, are you aware of any circumstances which may reasonably be expected to give rise to a claim under the general liability, property, automobile, umbrella, or pollution liability policies?
 Yes No If yes, explain: _____

d. Has any insurance carrier canceled or non-renewed general liability, property, automobile, umbrella, or pollution coverage in the last 5 years? Yes No If yes, explain: _____

e. Have any general liability, property, automobile, umbrella, or pollution liability claims totaled over \$50,000 (paid and reserved) in the last 10 years? Yes No
 If yes, please list and provide details: _____

f. Have any of your products been subject to inquiry or investigation by a governmental agency concerning the efficiency, the adequacy of labeling, hazardous contents or safety? Yes No
 If yes, explain : _____

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND ATTACHED ADDENDUM(S) ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

NOTICE TO ALL APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

THIS IS AN APPLICATION FOR BOTH OCCURRENCE AND CLAIMS-MADE GENERAL LIABILITY, PROPERTY, AUTOMOBILE, UMBRELLA, AND FACILITY POLLUTION POLICIES.

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

Applicant: _____ Title: _____
 Applicant Signature: _____ Date: _____
 Agent/Broker Name: _____ E-mail Address: _____

PLEASE PROVIDE THE FOLLOWING SUPPORTING INFORMATION (CHECK BOX IF ATTACHED)

- COMPLETED AND SIGNED ACORD APPLICATIONS FOR ALL LINES OF BUSINESS
- CURRENTLY VALUED 5 YEAR LOSS RUNS FOR ALL LINES. PROVIDE DETAIL ON ANY CLAIM > \$20,000
- CURRENT AUDITED FINANCIAL STATEMENT
- DESCRIPTION OF OPERATIONS AND OWNERSHIP FOR EACH NAMED INSURED & ADDITIONAL INSURED
- MOST RECENT LOSS CONTROL RECOMMENDATIONS AND RESPONSES
- MOST RECENT SPRINKLER INSPECTION REPORT
- PRODUCT BROCHURE
- MSDS FOR TOP 5 PRODUCTS AND ANY FLAMMABLE/COMBUSTIBLE RAW MATERIALS AND PRODUCTS
- PLOT PLAN SHOWING CHEMICAL STORAGE AREAS
- PRIOR ENVIRONMENTAL REPORTS (PHASE I/II, SITE INVESTIGATION, REMEDIATION, ETC.)
- COMPREHENSIVE LIST OF ALL PRODUCTS SOLD OVER THE PAST 12 MONTHS BY SALES & SHIPPING VOLUME
- CERT. OF INSURANCE FROM TOLL/PRIVATE LABEL MANUFACTURERS, RAW MATERIAL SUPPLIERS, EQUIPMENT MANUFACTURERS & TRANSPORTERS

3 PRODUCT OVERVIEW:

a. Provide total annual gross sales for the periods indicated:

Estimated (next 12 months)	\$ _____	\$ _____ Foreign	\$ _____ Intercompany
Past 12 months	\$ _____	\$ _____ Foreign	\$ _____ Intercompany
Previous 12 months	\$ _____	\$ _____ Foreign	\$ _____ Intercompany

Provide the names and country of origin for foreign customers and products sold: _____

b. Type of business activity:	% packaged in less than 5 gallon containers	
1. Broker/Drop Ship	_____ %	_____ %
2. Wholesale/Warehouse	_____ %	_____ %
3. Repackage/Relabel	_____ %	_____ %
4. Mixing/Blending	_____ %	_____ %
5. Manufacturing *	_____ %	_____ %
6. Other : _____	_____ %	_____ %
	= 100 %	

* Manufacturing defined as processes involving Temperature, Pressure, or Reactions

If manufacturing is performed, complete Manufacturing Addendum at end of application: _____

c. Describe any aerosol products distributed, toll/private label produced, or packaged and total sales: _____

d. Provide a complete list of all flammable/combustible liquid products, total sales, and material safety data sheets. Identify products sold in 5 gallon or less containers (if no flammable/combustible products, please state so):

e. Do you perform any professional services outside your customary operations as a chemical manufacturer and/or distributor (consulting services, design work, lab tests, training etc.)?

Yes No If yes, explain: _____

f. Do you assemble, install, maintain equipment (pumps, tanks, dispensing equipment, parts washers, etc.)?

Yes No If yes, explain: _____

Yearly Sales \$ _____
 Number of units sold/installed _____
 Average life span _____

Certificate of Insurance obtained from equipment manufacturers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manufacturer's warranties issued with equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Equipment altered that would void manufacturers warranty	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- g. Markets to which products are directed:
- | | | |
|----------------|---------|--------------------------------------|
| Industrial Use | _____ % | (Includes municipal water treatment) |
| Contractor Use | _____ % | |
| Retail Sales | _____ % | |
| Other | _____ % | Explain: _____ |

If there are Retail Sales, list products and where sold: _____

h. List the typical applications or uses for your products: _____

i. Any products sold directly to aircraft/missile/aerospace industry? Yes No
 If yes, what are the products, total sales, and explain use: _____

j. Any products sold to watercraft/offshore that are used as exterior coatings? Yes No
 if yes, what are the products, total sales, and explain use: _____

k. Any active ingredients sold to pharmaceutical industry? Yes No
 if yes, what are the products, total sales, and explain use: _____

l. Any products sold to cosmetics/health & beauty/ personal care industry? Yes No
 If yes, what are the products, total sales, and explain use: _____

m. Any products used in human or animal foods or consumables? Yes No
 If yes, what are the products, total sales, and explain use: _____

n. Do you sell any fertilizers or pesticides? Yes No
 If yes, what are the products, total sales, and explain use: _____

o. Are any products sold by you foreign made or have foreign made components? Yes No
 If yes, list the names and country of origin for foreign suppliers and annual sales: _____

p. Have any products or operations been discontinued in the last 5 years? Yes No
 If yes, list the products or operations, date discontinued and reason discontinued: _____

q. Do you perform any toll manufacturing, private labeling, blending or repackaging for others? Yes No
 If yes, list products and % of sales: _____

r. Are any of your products toll manufactured, private labeled, blended, repackaged by others? Yes No
 If yes, list products and % of sales: _____

s. List the five (5) top products or product categories sold by volume or % sales:

Product/Product Categories	Annual Volume or % Sales (Circle One)
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____

QUALITY CONTROL:

t. Do you issue guarantees and/or warranties to purchasers? Yes No
 If yes, explain: _____

u. Who is guaranteeing the finished product, under what conditions and for what period? _____

- v. Are there quality control procedures for the following?
- | | | | | |
|------------------|--------------------------|-----|--------------------------|----|
| Raw Materials | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Work in Process | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Finished Product | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
- w. Do you test raw materials and finished products?
Do you pull and retain samples from raw materials and finished products?
- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
- x. Do you have a product recall program?
- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|
- y. Describe how a recall would be performed: _____

- z. Have you ever recalled or are you considering recalling any products?
If yes, please describe: _____

4 **AUTOMOBILE:**

- a. Is there a written fleet safety program that addresses all company drivers?
If no, explain: _____

- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|
- b. Are MVR's requested for all drivers (fleet, sales and other personnel)?
If yes, how often and by whom? _____
If no, explain: _____
- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

CHEMICAL DRIVERS

- c. Do you haul your own products?
Do you backhaul or haul for others?
If yes for backhaul or haul for others, explain: _____
- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

d. Trip Frequency: Within 50 miles _____ % 51-200 miles _____ % Over 200 miles _____ %

- e. Are bulk shipments of products in tankers or tank wagons performed?
If yes, list chemicals shipped and frequency of shipments: _____

- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

- f. Any bulk shipments with placards for the following:
- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| Flammable Gases, Class 2, Div 2.1 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Flammable/Combustible Liquids, Class 3 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Toxic Substances, Class 6, Div 6.1 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Gases Toxic by Inhalation, Class 2, Div 2.3 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
- If yes, list chemicals shipped and frequency of shipments: _____

- g. Do you have an emergency spill plan and spill kits on board all chemical delivery vehicles?
- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

OTHER DRIVERS

- h. Are any of the company vehicles allowed to be taken home?
If yes, explain: _____
- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|
- i. Is there personal use of company vehicles?
If yes, explain: _____
- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|
- j. Are any family members allowed to drive a company vehicle?
If yes, explain: _____
- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|
- k. Do any employees use their personal auto for business (sales, admin, maintenance, etc)?
If yes, do they maintain minimum personal auto liability limits of \$100,000/\$300,000:
If no for personal limits, explain: _____
- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
- l. Are there any people that have access to any company vehicle, including family members, with a conviction for
DUI, DWI, Reckless Driving or other serious driving violations in the last 5 years?
If yes, please provide their name, position and type of vehicle they have access to : _____

FACILITY ADDENDUM

COMPLETE SECTIONS 5 THROUGH 7 FOR EACH LOCATION

Facility Address: _____

5 FACILITY OPERATIONS

a. Total acreage: _____ How long has present owner controlled or owned this property? _____

b. Describe the current operations on this property : _____

c. What were the past uses of this property? _____

d. Identify nearby surface water bodies and protected environments (streams, lakes, wetlands, parks, etc.): _____

e. Identify any surface or groundwater uses in the area (drinking wells, etc.): _____

f. Is public water and sewer used on site? Yes No

If no, identify what is used in its place: _____

g. Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment which apply to this facility with which you cannot at present comply? Yes No

If yes, please explain: _____

h. Are raw materials or products stored in aboveground or underground storage tanks? Yes No

If yes, please complete Tank Schedule Addendum at end of application.

i. Describe tank inspection and integrity testing programs: _____

j. Does this facility generate, handle, store or dispose of any hazardous waste or materials? Yes No

1) Describe the on-site hazardous waste storage practices (describe storage areas, secondary containment, etc.) and the disposal facilities used: _____

2) Identify any past storage or disposal practices at the site, including any inactive disposal areas: _____

3) Is there a wastewater discharge permit (NPDES, Industrial Discharge with POTW, etc.)? Yes No

Is there a stormwater discharge permit for the site? Yes No

Describe where wastewater and stormwater are discharged and any treatment: _____

4) Is there an air emissions permit for operations at the site? Yes No

Describe equipment used for collection and treatment of air emissions: _____

5) Describe any groundwater monitoring activities at the site (note # wells, frequency of testing, parameters tested):

k. Have any prior Phase I or II investigations been done for this property? Yes No

If yes, provide copies of Executive Summary, Conclusions, and Recommendations sections from reports.

FACILITY ADDENDUM

Facility Address: _____

6 PREMISES OPERATIONS / PROPERTY:

- a. Do you own the building? Yes No
 Are you subleasing any part of the building? Yes No
 Is the building a public warehouse where you are storing product? Yes No
 If leasing building/space or subleasing to others, describe occupancies/operations of tenants/sublessors: _____

b. Describe fire protection systems in place at your facility (heat/smoke alarms, fire doors, portable extinguishers, etc.):

- c. Is there an automatic sprinkler system at this location? Yes No
 If yes, please provide date of last inspection and frequency of inspection: _____

- d. Has the local fire department inspected this facility? Yes No
 If yes, when was the last inspection? _____

- e. Is there any equipment or boilers that require jurisdictional inspections? Yes No
 If yes, list equipment and boilers _____

- f. Is there a formal Hot Work Permit program in place? Yes No
 Is smoking restricted to controlled areas of the facility? Yes No
 Is there an established safety committee? Yes No
 Are housekeeping procedures reviewed monthly by the safety committee/management? Yes No

CHEMICAL HANDLING AND STORAGE

- g. Is there a formal process to ensure that incompatible materials are not stored together (e.g. oxidizers with combustible materials, acids with bases, etc.)? Yes No

- h. Do operations include a significant amount of storage (>1 pallet load) of aerosols? Yes No
 If yes, how much storage is typical and how is it segregated within the facility? _____

- i. Do operations include an aerosol filling system? Yes No
 If yes, what is the Level Classification of the aerosols (Level 1, 2, or 3)? _____
 Is the product or propellant flammable? Yes No
 List flammable propellants used: _____

- j. What are the capacities and construction for the flammable/combustible liquid storage containers (e.g. 5-gal, 55-gal, 250-gal, metal, plastic, glass)? _____

- k. What is the storage arrangement for flammable/combustible liquids (e.g. open frame metal racks, solid shelf racks, palletized, etc.) and overall storage height? _____

- l. What is the approximate square footage of the flammable/combustible liquid storage area and amount typically stored in the area? _____

- m. Is the flammable/combustible liquid storage area diked (3-in or greater)? Yes No
 Is drainage provided to a properly designed holding system? Yes No

- n. Is there a dedicated flammable liquid storage room? Yes No
 If yes, describe the construction and fire rating of the room: _____

- Is the room equipped with hazardous environmental electrical equipment? Yes No
 (e.g. Class I, Div. 2 per National Electrical Code)
 Is the room provided with continuous low level ventilation? Yes No
 Is the room provided with bonding and grounding straps? Yes No
 Does the room have automatic sprinkler protection? Yes No
 Is the room equipped with a fire suppression system (e.g. FM-200, Halon, CO2, Intergen)? Yes No
 Is the room designed for explosion relieving? Yes No

- o. Is there a flammable/combustible liquid pumping system? Yes No
 In an emergency is the pump arranged for automatic shutdown? Yes No
 Is the piping system located in a trench or tunnel? Yes No

- p. Are safety cans used or approved containers used for dispensing? Yes No
 During dispensing, are bonding and grounding straps used? Yes No
 Is the electrical equipment approved for hazardous occupancies? Yes No

FACILITY ADDENDUM

Facility Address: _____

7 TERRORISM:

- a. Does facility comply with USEPA Risk Management Program and OSHA Process Safety Management regulations?
 Yes No If yes, list chemicals which require compliance: _____

- b. Are emergency response procedures coordinated with other agencies (fire dept., local/state police, Local Emergency Planning Comm., HAZMAT response team, National Guard, US Coast Guard, etc)? Yes No
If yes, list agencies: _____

- c. Describe the general location of the facility (urban, rural, industrial park, residential, commercial): _____

- d. Describe neighboring properties:
North: _____
South: _____
East: _____
West: _____
- e. Describe security measures at the site (fencing, locking gates, video surveillance, special lighting, guards, dogs, alarm systems, etc.) _____

- f. Is there an active rail siding or barge facilities? Yes No
If yes, list raw materials received or products shipped: _____

MANUFACTURING ADDENDUM

- 8 a. Does manufacturing involve chemical reactions? Yes No If yes, provide details on reactions:

- b. Does manufacturing include heat? Yes No If yes, what is maximum temperature and how is heat applied (steam, hot oil, etc.) _____

- c. Does manufacturing included pressure? Yes No If yes, what is maximum pressure and describe safety controls (rupture disks, safety relief valves, etc.) _____

- d. Is the manufacturing process automated or manually controlled? _____
Provide details on the process safety controls _____

- e. Provide details on the number of reactors, size in gallons, construction, open or closed top, whether it is a pressure vessel, and whether heat/steam/hot oil is applied. _____

