

CHEMICAL APPLICATION

INSTRUCTIONS

- COMPLETE EACH SECTION OF APPLICATION AND ANSWER ALL QUESTIONS AS ACCURATELY AS POSSIBLE FOR EACH LOCATION. IF ANY QUESTION(S) DOES NOT APPLY, PRINT OR TYPE "N/A" IN THE SPACE PROVIDED
- THIS APPLICATION MUST BE SIGNED AND DATED BY AN AUTHORIZED OWNER, PRINCIPAL, PARTNER, DIRECTOR OR RISK MANAGER OF THE NAMED INSURED
- IF ADDITIONAL SPACE IS NEEDED TO ANSWER ANY QUESTION, ATTACH DETAILS ON A SEPARATE SHEET AND REFERENCE THE APPLICABLE QUESTION NUMBER
- COMPLETE APPLICABLE SECTIONS FOR COVERAGES REQUESTED

PLEASE ATTACH TO THIS APPLICATION

- 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
- PLOT PLAN SHOWING CHEMICAL STORAGE AREAS
- PRIOR ENVIRONMENTAL REPORTS (PHASE I/II, SITE INVESTIGATION, REMEDIATION, ETC.)
- FLEET SAFETY MANUAL

AGENCY INFORMATION

Agency Name:		Website:
Agents/Producers Name:	Phone:	Email:
Address:	City/St:	Zip Code:
Accounting Contact:		

APPLICANT INFORMATION

Applicant/First Name Insured:		
Description of Operations:		
Website:		
Address:	City/St:	Zip Code:
Contact:	Title:	
Telephone:	Fax:	Email:
Year Business Established:	FEIN:	

Additional Named Insureds:	Description of Operations & Relationship to Applicant:

Company is an (select all that apply): INDIVIDUAL PARTNERSHIP CORPORATION JOINT VENTURE

OTHER (please describe): _____

Association Memberships (select all that apply): NACD SOCMA NPCA ISSA ILMA AWT

OTHER (please describe): _____

ISO 9001 Certified: YES NO	ISO 14001 Certified: YES NO
ISO 18000 Certified: YES NO	OSHA SHARP / VPP: YES NO

SECTION 1. LOCATION INFORMATION**COMPLETE TABLE BELOW FOR ALL INSURED LOCATIONS**

LOCATION	YEARS AT LOCATION	SIZE (i.e. Acres / Square Feet)	OWNED / LEASED OR RENTED	DESCRIPTION (i.e. Office, Vacant Land, Public Warehouse, Distribution, Manufacturing, Retail, Other, etc.)	Number of Employees	Payroll

- a. Do you have tenants at any owned or operated facilities/locations? **YES NO**
 IF YES, please list the following:

Tenant Name:	Location:	Description of Operations:

- b. Do you require a Certificate of Insurance (COI's) from your tenants, suppliers, common carriers, and all subcontractors or anyone else that comes to your premises? **YES NO**

SECTION 2. EXISTING COVERAGE INFORMATION**PLEASE PROVIDE**

- **COMPLETED AND SIGNED ACORD APPLICATIONS FOR ALL LINES OF BUSINESS**
- **CURRENTLY VALUED 5 YEAR LOSS RUNS FOR ALL LINES**

GENERAL LIABILITY**POLLUTION**

Limits of Liability:	Claims Made (CM) or Occurrence:	If CM, what is retroactive date?:	Limits of Liability:	Claims Made (CM) or Occurrence:	If CM, what is retroactive date?:
Deductible:	Current Carrier:	Current Premium:	Deductible:	Current Carrier:	Current Premium:

AUTOMOBILE

No. of Power Units:	Current Carrier:	Current Premium:
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EXCESS/UMBRELLA

Current Limit:	Current Carrier:	Current Premium:
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PROPERTY

Current TIV:	Deductible:	Current Carrier:	Current Premium:
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WC

Total Payroll:	Current Exp Mod:	Current Carrier:	Current Premium:
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SECTION 2. EXISTING COVERAGE INFORMATION (continued)

- a. Have you during the last five (5) years been cited and/or prosecuted for violations 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 premises, products, pollution, auto, property or WC incidents or claims during the last 7 years that totaled over \$50,000 (paid, incurred or reserved):

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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 premises, products, pollution, auto, property or WC policies? **YES NO**

IF YES, explain: _____

- d. Has any insurance carrier canceled or non-renewed your general liability, property, automobile, umbrella, WC or pollution coverage in the last 5 years? **YES NO**

IF YES, explain and provide a copy of the notice(s): _____

SECTION 3. COMPANY OPERATIONS – PROVIDE CURRENT AUDITED FINANCIAL STATEMENT

- a. Provide total annual gross sales and total pounds/gallons for the periods indicated below:

Estimated next 12 months	\$	Total Pounds/Gallons		Intercompany	\$
Current 12 Month Policy Period	\$	Total Pounds/Gallons		Intercompany	\$
2nd Year Prior	\$	Total Pounds/Gallons		Intercompany	\$
3rd Year Prior	\$	Total Pounds/Gallons		Intercompany	\$

- b. Type of business activity:

% packaged in less than
5 gallon containers

1. Broker/Drop Ship	%	%
2. Distribution/Warehouse	%	%
3. Re-package/Re-label	%	%
4. Mixing/Blending	%	%
5. Manufacturing * **answer below	%	%
6. Waste Services	%	%
7. Environmental Consulting	%	%
8. Equipment Sales	%	%
9. Service Contracts	%	%
10. OTHER	%	%

= 100 %

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

** For any manufacturing operations please provide the following:

- Describe the chemical reactions taking place; Are they exothermic or endothermic?

- What is the maximum temperature and how is heat applied (i.e. steam, hot oil)?:

- What is the maximum pressure? Describe safety controls (rupture disks & safety valves):

SECTION 3. COMPANY OPERATIONS (continued)

c. Is the manufacturing process automated? **YES NO**

Is the manufacturing process manually controlled? **YES NO**

Provide details on the process safety controls: _____

d. Provide details on the number of reactors, size in gallons, construction, open or closed top, whether it is a pressure vessel:

LOCATION	SIZE (GALLONS)	CONSTRUCTION	OPEN OR CLOSED TOP	PRESSURE VESSEL

SECTION 4. PRODUCTS INFORMATION

a. 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: _____

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

Product/Product Categories **Annual Volume or % Sales**

c. Do you import any foreign made products or for sale? **YES NO**

What are the % of overall sales for imported or foreign products? _____

IF YES, list the country of origin, manufacturer, and the product: _____

d. Markets to which products are directed:

Industrial Use	%	Includes municipal water treatment
Contractor Use	%	
Retail Sales	%	
Distributors	%	
OTHER	%	Explain: _____

e. Are any of your products sold in retail markets (i.e. Dollar General, Home Depot, etc.)?: **YES NO**

IF YES, please list product(s), and total sales: _____

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

g. Provide a complete list of all flammable/combustible liquid products and total sales:

Product **Total Sales**

h. Identify products sold in 5 gallon or less containers, including paint strippers & thinners (if no flammable / combustible products, please state so): _____

SECTION 4. PRODUCTS INFORMATION (continued)

- i. List the typical applications or uses for your products: _____
- j. Do any of your products, current or past, contain the following?

	YES	NO
Benzene		
Perfluorooctanoic Acid (PFOA)		
Perfluorooctane Sulfonate (PFOS)		
Silica		
Lead or Asbestos		
BPA (Bisphenol A)		
Phthalates		
Diacetyl		

IF YES on any of the above, please provide details below:

- k. Are any of your products, current or past, used for roof repair, installation or other building construction applications? **YES NO**
IF YES, explain: _____
- l. Are any of your products used in Oil, Gas or Fracking applications? **YES NO**
IF YES, please provide specific details as to whether it is used in the actual Fracking process, to develop or maintain a well, or treat waste water: _____
- m. Are any of your products, current or past, used in any food processing? **YES NO**
IF YES, do you recommend specific products or provide any cleaning or application of the products for any food processing companies? Please provide specific details: _____
- n. Do any of your products, current or past, use or incorporate nanotechnology? **YES NO**
IF YES, explain: _____
- o. Do you repack or distribute CBD oil? **YES NO**
IF YES, explain: _____
- p. Any products sold to or used in the following:

	YES	NO
Aircraft / Missile / Aerospace		
Watercraft / Offshore		
Pharmaceutical		
Cosmetics / Health & Beauty / Personal care		
Human or Animal foods or consumables		
Fertilizers or Pesticides		

IF YES on any of the above, please provide details below:

- q. 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 for discontinuation: _____
- r. Do you perform any toll manufacturing, private labeling, blending or repackaging for others? **YES NO**
IF YES, list products and % of sales: _____
- s. Does anyone toll, private label, blend or repackage for you? **YES NO**
IF YES, list who, what product, and percent of sales: _____

SECTION 4. PRODUCTS INFORMATION (continued)**QUALITY CONTROL**

a.	Do you issue guarantees and/or warranties to purchasers? IF YES, explain: _____	YES	NO
b.	Who is guaranteeing the finished product, under what conditions, and for what period? _____		
c.	Are there quality control procedures for the following?		
	RAW MATERIALS	YES	NO
	WORK IN PROCESS	YES	NO
	FINISHED PRODUCT	YES	NO
d.	Do you pull any or retain samples from raw materials and finished products? IF NO, explain: _____	YES	NO
e.	Are Lot/Batch numbers recorded and tracked to facilitate a recall? IF NO, please explain: _____	YES	NO
f.	Have you ever recalled or are you considering recalling any products? IF YES, describe: _____	YES	NO

SECTION 5. AUTOMOBILE – PROVIDE COPY OF FLEET SAFETY PROGRAM**a. DRIVER PROFILE / EXPERIENCE & TRAINING PROFILE**

DRIVERS	EXPERIENCE / TRAINING
Total Number of Drivers:	Number of Drivers with less than 3 years:
Number hired within the past year:	Number of Drivers with 3 to 5 years:
Driver turnover within the past year: %	Number of Drivers with over 5 years:

Are owner/operators used for fleet operations? **YES NO**

b. Is there a written fleet safety program that addresses all company drivers? **YES NO**

IF NO, explain: _____

c. Do you have a written policy regarding the use of cellphones while operating vehicles? **YES NO**

d. Do you have a written Substance Abuse Policy? **YES NO**

e. Are you aware of 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 past year? **YES NO**

IF YES, please provide their name, position and type of vehicle they have access to: _____

f. Do you haul your own products? **YES NO**

Do you backhaul or haul for others? **YES NO**

IF YES for backhaul or haul for others, explain: _____

g. Trip Frequency:

Within 50 miles	%	51-200 miles	%	Over 200 miles	%
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Are deliveries made Intrastate only? **YES NO**

Are deliveries made Interstate? **YES NO**

What is the number of tractor units providing Interstate delivery? _____

h. Are bulk shipments of products in tankers or tank wagons performed? **YES NO**

i. What products are hauled in Tankers? What is the frequency? Provide details below: _____

j. Do you have an emergency spill plan or spill kits on board all chemical delivery vehicles? **YES NO**

k. Do you have GPS or other tracking devices on your vehicles? **YES NO**

IF YES, explain: _____

l. Are any of the company vehicles allowed to be taken home? **YES NO**

IF YES, explain: _____

m. Is there personal use of company vehicles? **YES NO**

IF YES, explain: _____

n. Are any family members allowed to drive a company vehicle? **YES NO**

IF YES, explain: _____

o. Do any employees use their personal auto for business (sales, admin, maintenance, etc.)? **YES NO**

IF YES, do they maintain minimum personal auto liability limits of \$100,000/\$300,000? **YES NO**

IF NO for personal limits, explain: _____

p. Do you rent, hire or lease vehicles on a short term basis (6 months or less)? **YES NO**

IF YES, what is your estimated annual cost? _____

FACILITY ADDENDUM FOR POLLUTION LEGAL LIABILITY
COMPLETE SEPARATE FACILITY ADDENDUM FOR EACH LOCATION REQUIRING POLLUTION COVERAGE

SECTION 6. FACILITY OPERATIONS

Facility Address:	City/St:	Zip Code:
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What is retroactive date for this location? _____

- a. Describe the current operations on this property:

- b. What were the past uses of this property? When was site first developed?

- c. Describe neighboring properties:

NORTH:	EAST:
SOUTH:	WEST:

- d. Describe security measures at the site (fencing, locking gates, video surveillance, special lighting, guards, dogs, alarm systems, etc.):

- e. Is there public water for the site? **YES NO**
 IF NO, identify what is used in its place: _____

- f. Is there public sewer for the site? **YES NO**
 IF NO, identify what is used in its place: _____

- g. Are there any plans for future development, improvement, excavation, betterment, demolition or plans for changes in use? IF YES, please provide details: **YES NO**

- h. Are there any future plans to sell or sublease the proposed location? **YES NO**
 IF YES, please provide details: _____

- i. Are there any known pollution conditions at this facility? **YES NO**
 IF YES, describe: _____

- j. Have there ever been any reportable releases or spills of hazardous substances, hazardous wastes, or any other pollutants as defined by applicable environmental statutes or regulations? **YES NO**
 IF YES, please provide details and attach copies of applicable records:

- k. Are you aware of any waste materials that have been disposed of or buried on the proposed Location? IF YES, please provide details: **YES NO**

- l. 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, explain: _____

- m. Identify any past storage or disposal practices at the site, including any inactive disposal areas (i.e. Lagoons, Incineration, Surface Impoundment, Leach Fields, Landfills):

SECTION 6. FACILITY OPERATIONS (continued)

- n. Describe any groundwater monitoring activities at the site (i.e. note # wells, frequency of testing, parameters tested, etc.):

- o. 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.

- p. Are there or were there ever any underground storage tanks located on the property listed above? **YES NO**

IF YES, and currently in use, complete table below:

Age	Capacity (gallons)	Contents	Construction Material (including piping)	Leak Detection (specify the method utilized)	Date Tank Last Tested

IF YES to question "p." above, but are no longer in use, have the tanks been closed in accordance with applicable regulations?

YES NO

IF YES, please attach evidence of proper closure (NFA letter, closure letters, etc.)

- q. Are there any aboveground storage tanks? **YES NO**
IF YES, please complete Tank Schedule Addendum at end of application.

- r. Do any above ground storage tanks not have secondary containment? **YES NO**
IF YES, explain: _____

Describe Tank inspections and integrity testing programs:

- s. Describe the hazardous waste disposal practices (type of material, annual quantity, name of receiving facility):

- t. Does the facility comply with USEPA Risk Management Program and OSHA Process Safety Management regulations? **YES NO**
IF YES, list chemicals which require compliance:

- u. Is there an active rail siding or barge facilities? **YES NO**
IF YES, list raw materials received or products shipped:

COMPLETE SEPARATE STORAGE TANK ADDENDUMS FOR EACH LOCATION REQUIRING POLLUTION COVERAGE

TO LIST ADDITIONAL TANKS, PLEASE COPY SHEET & ATTACH TO APPLICATION

FRAUD WARNING

NOTICE TO ARKANSAS APPLICANTS: Any Person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, and insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

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

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND ATTACHED ADDENDUM(S) ARE TRUE AND THAT NO MATERIAL ACTS 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:	Email Address: