

CHEMICAL INDUSTRY APPLICATION

APPLICANT INFORMATION SECTION

WHEN FILLING OUT THIS APPLICATION, ALL QUESTIONS MUST BE ANSWERED COMPLETELY. IF A QUESTION IS NOT APPLICABLE TO THE OPERATIONS OF THE COMPANY, PLEASE ANSWER 'NOT APPLICABLE' OR 'N/A'. IF THE ANSWER IS NONE, STATE 'NONE' OR '0'. IF MORE SPACE IS REQUIRED TO COMPLETELY ANSWER A QUESTION, PLEASE ATTACH A SEPARATE SHEET OF PAPER AND IDENTIFY THE QUESTION(S) IT RESPONDS TO. LEAVE NO SPACES BLANK.

A. COMPANY INFORMATION

1. Full Name of Insured: _____

2. Mailing Address: _____

3. Corporation: _____

4. Years in business under present name: _____

5. Complete the following for all entities to be covered under this policy:

<u>NAME OF ENTITY</u>	<u>OPERATION</u>	<u>ANNUAL SALES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Sales/annual receipts for upcoming year: _____

7. Sales last three years: A. _____
B. _____
C. _____

8. Number of employees: _____

9. Effective date of coverage: _____

B. GENERAL LIABILITY / PRODUCTS LIABILITY COVERAGE INFORMATION

Limits desired: _____

- 1. Each Occurrence Limit: _____
- 2. General Aggregate Limit: _____
- 3. Product Aggregate Limit: _____

Retention desired: _____

C. CURRENT (OR MOST RECENT) GENERAL LIABILITY INFORMATION

Insurance Carrier: _____

Effective Date: _____

Limits: _____

Deductible: _____

Claims Made retro date: _____

Annual Premium: _____

Other coverage endorsements or exclusions:

COMPANY OPERATIONS

1. List all locations and indicate operations, e.g. warehouse, office space, leased public storage facilities, etc:

<u>LOCATION</u>	<u>OPERATION</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Please indicate what percentage of your total annual sales are represented by each of the following classification:

<u>CLASSIFICATION OF OPERATION</u>	<u>PERCENTAGE</u>
Brokerage (No Possession of Product)	_____
Warehousing	_____
Repackaging	_____
Blending / Mixing	_____
Manufacturing	_____
Recycling	_____

Non-chemical products

3. Do you manufacture any chemicals?

If yes, explain:

4. Do you engage in any recycling operations?

If yes, explain:

5. Do you have any on-premises "over-the-counter" sales?

If yes, please describe your controls:

6. Prior to distribution, do you commingle any raw materials or products of one supplier, with those of another supplier?

If yes, indicate products:

7. Do you perform any blending or mixing?

If yes, please indicate products:

8. Do you purchase any raw materials directly from foreign manufacturers (as opposed to purchases made from domestic representatives of foreign manufacturers)?

PRODUCT INFORMATION

1. Please indicate your product mix by percentage of total annual sales in the following categories:

CATEGORGY

PERCENTAGE OF TOTAL

SOLVENT – e.g. aliphatics, aromatics, keystone, alcohols, halogenated components and esters

INDUSTRIAL CHEMICALS – e.g. mineral acids sodium hydroxide and other bases and chlorine

SPECIALTY CHEMICALS – e.g. pigments, fillers, fragrances, extenders, spices, dyes, food additives, plasticizers, resins and surfactants

OTHERS – Please describe:

2. Please describe your customers in each category shown in Question 2 above (e.g. electroplaters, electronics industry, food processing companies, etc.) and indicate approximate percentage of each:

CATEGORGY

DESCRIPTION AND PERCENTAGE

SOLVENTS

INDUSTRIAL CHEMICALS

SPECIALTY CHEMICALS

OTHER

3. Please indicate from the following list the chemicals distributed by your company, and the approximate amount in gallons or pound per year:

CHEMICALS

GALLONS OR LBS/YR

Benzene

Carbon Tetrachloride

- Peroxides _____
- Asbestos _____
- Drugs _____
- Radioactive Chemicals _____
- Silica _____
- Explosives _____
- Ammonium Nitrate _____
- Compressed Gasses _____

4. Please list any products that have been discontinued in the past five years, and the reasons for discontinuing these products:

5. Do you sell or distribute any non-chemical products such as pump or containers? _____
If yes, please list products:

6. Do you repackage products for others? _____
If yes, please list products repackaged?

LOSS CONTROL

1. Describe testing done for finished products to meet performance specification:

2. Do you use your own labels? _____
If yes, describe how labels are developed, who checks for accuracy, regulatory compliance and legal liability review. Please enclose samples with this application.

3. Please describe your procedure for complaint handling:

4. Please describe procedures used to ensure avoidance of "mis'mixing" of deliveries at customer's premises:

5. Do you have a written container (drum) management program regarding empty drum handling, selection, disposition and audit? _____

6. Do you retain records and batch samples? _____

If yes, for how long? _____

7. Do you have written product recall procedures? _____

If yes, please describe: _____

8. Are all aspects of the manufacturing process in compliance with local, state, and federal regulations?

Who regulates your products (EPA, FDA)? _____

9. Do you require certificates of insurance for products liability from your suppliers?

Do you have current copies on file? _____

10. Do any of your suppliers provide you with indemnity and / or defense with respects to their products?

If yes, explain: _____

PREMISES EXPOSURES

1. What chemical storage methods are used?

Any underground storage tanks? _____

How many and size? _____

Above ground tanks? _____

How many and size? _____

2. How are flammable chemicals stored?

3. How close are adjacent exposures to Insured's premises? _____

What are the exposures? (i.e., commercial building, residential, etc.)

LOSS HISTORY

CLAIMS HISTORY – PAST 5 YEARS OR MORE

Product Liability Claims

<u>Policy Period</u>	<u># Claims</u>	<u>Reserved</u>	<u>Paid</u>	<u>Total incurred</u>	<u>Evaluation date</u>

Describe individual losses, valued \$25,000 or more:

General Liability Claims

<u>Policy Period</u>	<u># Claims</u>	<u>Reserved</u>	<u>Paid</u>	<u>Total incurred</u>	<u>Evaluation date</u>

Describe individual losses, valued \$25,000 or more:

Are you aware of any other incident, condition, circumstance or accident (real or suspected) which may result in any claims against you? _____

If yes, please explain:

PLEASE INCLUDE THE FOLLOWING ATTACHMENTS:

1. Products listing and/or brochures
2. Representative product labels (largest selling products)
3. Written loss control procedures
4. Five (5) years insurance company loss summary
5. Most recent annual report/financial statement
6. Material safety data sheets

FRAUD WARNING

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false 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: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

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 with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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, an 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 insurer files a statement or claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person 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 denial of insurance benefits.

NOTICE TO MARYLAND 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 may be guilty of insurance fraud.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 an 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 a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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 a 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 the 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 TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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 ALL OTHER STATE 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.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

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.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

DECLARATION AND SIGNATURE

This application should be signed by an officer of the insured acknowledging the undersigned declares that to the best of his or her knowledge and belief the statements and information in this application are true.

APPLICATION SIGNATURE: _____

DATE: _____