
Chemical Application

- 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, please 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 explain: _____

- 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, please list and 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: _____

Chemical Application

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 unless 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: _____

Chemical 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.)?

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	_____	Yes	No

Certificate of Insurance obtained from equipment manufacturers
 Manufacturer's warranties issued with equipment
 Equipment altered that would void manufacturers warranty

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

Chemical Application

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
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Chemical Application

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

e. Are bulk shipments of products in tankers or tank wagons performed? Yes No

If yes, list chemicals shipped and frequency of shipments: _____

f. Any bulk shipments with placards for the following: Yes No

- Flammable Gases, Class 2, Div 2.1
- Flammable/Combustible Liquids, Class 3
- Toxic Substances, Class 6, Div 6.1
- Gases Toxic by Inhalation, Class 2, Div 2.3

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?

Yes No

OTHER DRIVERS

h. Are any of the company vehicles allowed to be taken home?

Yes No

If yes, explain: _____

i. Is there personal use of company vehicles?

Yes No

If yes, explain: _____

j. Are any family members allowed to drive a company vehicle?

Yes No

If yes, explain: _____

k. Do any employees use their personal auto for business (sales, admin, maintenance, etc)?

Yes No

l. If yes, do they maintain minimum personal auto liability limits of \$100,000/\$300,000:

Yes No

If no for personal limits, explain: _____

m. 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?

Yes No

Chemical Application

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 (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 above ground 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: _____

Chemical Application

- 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 storm water discharge permit for the site? Yes No
 Describe where wastewater and storm water 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:

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

Chemical Application

- | | | | |
|----|--|-----|----|
| 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, pelletized, 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 |
| | (e.g. Class I, Div. 2 per National Electrical Code) | | |
| | If yes, describe the construction and fire rating of the room: _____ | | |
| | _____ | | |
| | _____ | | |

Chemical Application

Yes No

Is the room provided with continuous low level ventilation?

Is the room provided with bonding and grounding straps?

Does the room have automatic sprinkler protection?

Is the room equipped with a fire suppression system
 (e.g. FM-200, Halon, CO2, Intergen)?

Is the room designed for explosion relieving?

o. Is there a flammable/combustible liquid pumping system?

In an emergency is the pump arranged for automatic shutdown?

Is the piping system located in a trench or tunnel?

p. Are safety y cans used or approved containers used for dispensing?

During dispensing, are bonding and grounding straps used?

Is the electrical equipment approved for hazardous occupancies?

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. _____

