



## CHEMICAL INDUSTRY APPLICATION

**APPLICANT'S INSTRUCTIONS:**

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.

<b>Producer:</b>			<b>Producer code:</b>	
<b>Street address:</b>	<b>City/State:</b>	<b>Zip code:</b>	<b>Phone number:</b>	<b>Fax number:</b>
<b>Mailing address:</b>		<b>Email address:</b>		
<b>COMPANY INFORMATION</b>				
<b>Full Name of Insured:</b>				
<b>Street address:</b>	<b>City / State:</b>	<b>Zip code:</b>	<b>Phone number:</b>	<b>Fax number:</b>
<b>Mailing address (of first named insured):</b>		<b>Web address:</b>		
<b>Corporation:</b>				
<b>Years in business under present name:</b>				
<b>Complete the following for all entities to be covered under this policy:</b>				
<b>NAME OF ENTITY</b>	<b>OPERATION</b>	<b>ANNUAL SALES</b>		
<b>Sales/annual receipts for upcoming year:</b>				
<b>Sales last three years:</b>				
A.				
B.				
C.				
<b>Number of employees:</b>				
<b>Effective date of coverage:</b>				

**GENERAL LIABILITY / PRODUCTS LIABILITY COVERAGE INFORMATION**

**Limits desired:**

Each occurrence: ..... \$ \_\_\_\_\_  
 General aggregate: ..... \$ \_\_\_\_\_  
 Products aggregate limit: ..... \$ \_\_\_\_\_  
 Retention desired: \_\_\_\_\_

**CURRENT (OR MOST RECENT) GENERAL LIABILITY INFORMATION**

**Insurance carrier:**

**Effective date:**

**Limits:**

**Deductible:**

**Claims-Made retroactive 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:**

Location:	Operation:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Classification of Operation:	Percentage:
Brokerage (No Possession of Product) .....	_____ %
Warehousing .....	_____ %
Repackaging .....	_____ %
Blending / Mixing .....	_____ %
Manufacturing .....	_____ %
Recycling .....	_____ %
Non-chemical products .....	_____ %

3. Do you manufacture any chemicals? .....  Yes  No  
If yes, explain:

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4. Do you engage in any recycling operations? .....  Yes  No  
If yes, explain:

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5. Do you have any on-premises "over-the-counter" sales? .....  Yes  No  
If yes, please describe your controls:

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6. Prior to distribution, do you commingle any raw materials or products of one supplier, with those of another supplier? .....  Yes  No  
If yes, please indicate products:

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7. Do you perform any blending or mixing? .....  Yes  No  
If yes, please indicate products:

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8. Do you purchase any raw materials directly from foreign manufacturers (as opposed to purchases made from domestic representatives of foreign manufacturers)? .....  Yes  No  
If yes, please indicate materials:

**PRODUCT INFORMATION**

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

CATEGORY:	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:

**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? .....  Yes  No

If yes, please list products:

6. Do you repackage products for others? .....  Yes  No

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? .....  Yes  No  
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? .....  Yes  No

6. Do you retain records and batch samples? .....  Yes  No  
If yes, for how long?

7. Do you have written product recall procedures? .....  Yes  No  
If yes, please describe:

8. Are all aspects of the manufacturing process in compliance with local, state and federal regulations? .....  Yes  No

Who regulates your products (EPA, FDA)?

9. Do you require certificates of insurance for products liability from your suppliers? .....  Yes  No  
Do you have current copies on file? .....  Yes  No

10. Do any of your suppliers provide you with indemnity and/or defense with respects to their products? .....  Yes  No  
If yes, explain:

**PREMISES EXPOSURES**

1. What chemical storage methods are used?

Any underground storage tanks? .....  Yes  No

How many and size? \_\_\_\_\_

Any above ground tanks? .....  Yes  No

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.)

**CLAIMS HISTORY**

Current plus last five years (currently valued hard copy loss runs):

**PRODUCT LIABILITY CLAIMS**

Policy period	No. of Claims	Total amounts paid		Amounts in reserve		Valuation Date
		Indemnity	Expense	Indemnity	Expense	

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

**GENERAL LIABILITY CLAIMS**

Policy period	No. of Claims	Total amounts paid		Amounts in reserve		Valuation Date
		Indemnity	Expense	Indemnity	Expense	

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

Are you aware of any other occurrences, incidents, conditions, defects or suspected defects that may result in claims against you?  Yes  No  
 If yes, give details:

**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 facilitation 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.

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent / Broker Name: \_\_\_\_\_