



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## CHEMICAL PRODUCT MANUFACTURING/DISTRIBUTION SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

### GENERAL INFORMATION

1)

|                   |  |
|-------------------|--|
| Named Insured:    |  |
| Brokerage/Broker: |  |
| Agency/Agent:     |  |
| Renewal?          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Policy Number:    |  |
| Effective Date:   |  |
| Website:          |  |

2)

Current Carrier Information:

|                     |  |
|---------------------|--|
| Carrier:            |  |
| Limit of Insurance: |  |
| Deductible:         |  |
| Premium:            |  |
| Offering renewal?   | Yes <input type="checkbox"/> No <input type="checkbox"/>                   |
| Claims made?        | Yes <input type="checkbox"/> No <input type="checkbox"/> Retroactive date: |

Please attach copies of the following:

- Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- MSDS sheets for all products
- Applicant's product brochures or catalog if a website is not available

3)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4)

Your premise address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5)

Audit/Inspection contact: \_\_\_\_\_

a. Phone number: \_\_\_\_\_

b. Email: \_\_\_\_\_

6)

If any subsidiary, product or product group is to be specifically excluded from coverage, please indicate: \_\_\_\_\_

a. Are these products covered elsewhere? Yes  No

7) If you have operated under a different business name in the last ten years, please list: \_\_\_\_\_  
 \_\_\_\_\_

**OPERATIONS**

8) Please complete the following for your top 5 products/product categories:

| Type of Product or Product Category | Total Sales Last Term | Projected Sales Upcoming Term | Percentage of Total Sales | Typical End Use/End Users |
|-------------------------------------|-----------------------|-------------------------------|---------------------------|---------------------------|
|                                     |                       |                               |                           |                           |
|                                     |                       |                               |                           |                           |
|                                     |                       |                               |                           |                           |
|                                     |                       |                               |                           |                           |

9) Please provide a breakdown of your product sales:

|                                     | Industrial Use | Contractor Use | Laboratory or Research Use | Direct to Consumer Retail | Wholesale to Consumer Retailers | Other Wholesale Distribution | Other (please clarify below) |             |
|-------------------------------------|----------------|----------------|----------------------------|---------------------------|---------------------------------|------------------------------|------------------------------|-------------|
| Sold in the United States or Canada | %              | %              | %                          | %                         | %                               | %                            | %                            |             |
| Sold Internationally                | %              | %              | %                          | %                         | %                               | %                            | %                            |             |
| <b>TOTAL</b>                        |                |                |                            |                           |                                 |                              |                              | <b>100%</b> |

10) Please confirm if your products are used in any of the following industries:

|   |  |   |  |
|---|--|---|--|
| Aircraft or aircraft parts manufacturing  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Fireproofing  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Ammunition manufacturing  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Fuel, gas, gasoline, kerosene or similar mfg.             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Baby or children’s products, toys or foods mfg.                                     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Fumigation/pest control products mfg.                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Beverage or food manufacturing  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Herbicides and plant control products mfg.                | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Cosmetics, drugs, toiletries and any other bodily applied or ingested products mfg. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Seed merchants, nurseries, or plant hormone manufacturing | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Explosives or fireworks manufacturing   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Tire manufacturing or repair                              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Feed or pet foods manufacturing   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Tobacco, e-cigarette or cannabis products manufacturing   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Fertilizer manufacturing  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Waterproofing/Weatherproofing                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If you answered “yes” to any of the above, please clarify and provide percentage of sales for each:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11) Do you perform any contract manufacturing, repackaging, blending, or private labeling for others? Yes  No   
 If yes please provide a list of the products, for whom you are performing these services, and percentage of sales: \_\_\_\_\_  
 \_\_\_\_\_

- 12) Are your products used as an ingredient or component of another company's products? Yes  No   
 If yes, please provide a list of the products, the company(ies) utilizing, and the end product your products are used in:  
 \_\_\_\_\_  
 \_\_\_\_\_
- 13) Do you perform any product formulation/development, consulting or laboratory testing services for others? If yes, please clarify: \_\_\_\_\_ Yes  No
- 14) Do you or any subcontractors working on your behalf provide any application, spreading, spraying or other installation services for others? If yes, please clarify: \_\_\_\_\_ Yes  No
- 15) Are you launching any new products this year? If yes, please describe: \_\_\_\_\_ Yes  No
- 16) Do you import any products or components? Yes  No   
 a. If yes, what percentage of products are directly imported? \_\_\_\_\_ %  
 b. Do you take possession of the products? Yes  No
- 17) Do you have a formal quality control program? Yes  No   
 If yes, provide details. If no, how do you assure the quality of your products? \_\_\_\_\_  
 \_\_\_\_\_
- 18) Do you have any discontinued products? Yes  No   
 If yes, please explain the reasons for discontinuing: \_\_\_\_\_  
 \_\_\_\_\_
- 19) Do you maintain tracing records of component and raw material sources? Yes  No   
 If yes, confirm how long these records are maintained: \_\_\_\_\_
- 20) Are batch or product records, serial numbers or copies of guarantee/warranty cards maintained that would facilitate tracing whereabouts of products? If yes, confirm how long these records are maintained: \_\_\_\_\_ Yes  No
- 21) In the event that it becomes necessary to recall a product, do you have a recall plan in place? Yes  No   
 a. Do you have Product Recall insurance? Yes  No   
 b. What means would be used to secure the return and disposal of the product? \_\_\_\_\_  
 \_\_\_\_\_
- 22) Have you ever had a product recall event? Yes  No   
 a. If yes, supply the following details: Date of recall(s): \_\_\_\_\_  
 b. Voluntary?  Ordered?  By what agency? \_\_\_\_\_  
 c. Product(s) involved: \_\_\_\_\_  
 \_\_\_\_\_  
 d. Reason for recall and how discovered: \_\_\_\_\_  
 \_\_\_\_\_  
 e. What was the remedy of the problem? \_\_\_\_\_  
 f. What percentage of recalled goods were returned/repaired? \_\_\_\_\_
- 23) Are there any present situations that might give rise to an incident causing a product recall? Yes  No   
 If yes, please attach details.

- 24) Have you been cited by any regulatory agency for violations arising out of business activity involving your product, including any inquiries or investigations concerning the efficacy, adequacy of labeling, hazardous contents or safety of your product(s)? Yes  No   
 If yes, please attach details and copies of all regulatory letters, bulletins, reports, inspections, and other pertinent documentation.

### PREMISES INFORMATION

- 25) Is your premise located in area that is:  
 Urban                       Rural                       Industrial                       Suburban  
 Other: \_\_\_\_\_

- 26) Please clarify neighboring occupancies within 100 feet of your premise:

|                  | North | South | East | West |
|------------------|-------|-------|------|------|
| <b>Occupancy</b> |       |       |      |      |
| <b>Distance</b>  |       |       |      |      |

- 27) Are any residential dwellings or schools located within such a distance that a chemical discharge could create a life safety hazard? Yes  No   
 a. If yes, please attach a copy of your written emergency incident procedures and protocols as well as any documentation provided to local emergency response squads or residents, shelter in place pamphlets, etc.  
 b. How frequently are discharge warning klaxons tested? \_\_\_\_\_
- 28) Are explosives or flammables stored on site? Yes  No   
 a. If yes, please list product(s) and quantity: \_\_\_\_\_  
 \_\_\_\_\_  
 b. Are explosive/flammable materials stored in NFPA/IFC compliant cabinets? Yes  No

### LOSS HISTORY

- 29) Have you had any Product Liability claims that were or were not covered by insurance? Yes  No   
**If yes, please attach an explanation.**
- 30) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. Yes  No   
**If yes, please attach an explanation.**
- 31) Has any lawsuit ever been filed, or any claim otherwise been made against you or or any other person proposed for this insurance, including any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability **If yes, please attach a description of details.** Yes  No
- 32) Is your company aware of any occurrences, facts, circumstances, incidents, situations, act, error, omission or records request from an attorney which may result in a claim or suit? **If yes, please attach a description of details.** Yes  No

## FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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.

**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, 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 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 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 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 \$5,000 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/she 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 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 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

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 of this application.

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

FEIN #: \_\_\_\_\_

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

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