



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

FERTILIZER 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:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) MSDS sheets for all products
- c) 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: _____

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 Farm Use	Nursery or Greenhouse 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	%	%	%	%	%	%	
TOTAL							100%

10) Do your products contain manure, frass, animal byproduct or other biological materials? Yes No
 If yes, please describe hazardous pathogen screening or sterilization procedures: _____

11) Do you sell any fertilizers blended with pesticides, fungicides, herbicides, et cetera? Yes No
 If yes, please list products and provide details: _____

12) Do you sell any fertilizers blended with seeds (such as lawn patch or turf spot repair products)? Yes No

13) Do you sell any fertilizers for targeted crop use (eg vegetables, flowers, cannabis)? Yes No

14) Do you perform any contract manufacturing, repackaging, blending, or private labeling for others? If yes please provide a list of the products, for whom you are performing these services, and percentage of sales: _____

15) Do you perform any product formulation/development, consulting or laboratory testing services for others? If yes, please clarify: _____

- 16) 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:

- 17) Do you or any subcontractors working on your behalf provide any application, spreading or other installation services for others? If yes, please clarify: _____ Yes No
- 18) Are you launching any new products this year? If yes, please describe: _____ Yes No
- 19) 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
- 20) Do you have a formal written quality control program? Yes No
 If yes, attach details. If no, how do you assure the quality of your products? _____
- 21) Do you have any discontinued products? Yes No
 If yes, please explain the reasons for discontinuing: _____
- 22) Do you maintain tracing records of component and raw material sources? Yes No
 If yes, confirm how long these records are maintained: _____
- 23) 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
- 24) 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? _____
- 25) 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? _____
- 26) Are there any present situations that might give rise to an incident causing a product recall? Yes No
 If yes, please attach details.
- 27) 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)?
 If yes, please attach details and copies of all regulatory letters, bulletins, reports, inspections, and other pertinent documentation.

PREMISES INFORMATION

28) Is your premise located in area that is:
 Urban Rural Industrial Suburban
 Other: _____

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

	North	South	East	West
Occupancy				
Distance				

30) 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? _____

31) Are bulk quantities of ammonium nitrate stored or held on site? Yes No

32) Are other 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

33) Have you had any Product Liability claims that were or were not covered by insurance? Yes No
If yes, please attach an explanation.

34) 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. **If yes, please attach an explanation.** Yes No

35) 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

36) 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: _____