

## GAPLESS FACILITIES

### SECTION 1. BROKER AND INSURED INFORMATION

#### BROKER INFORMATION

Broker Firm Name:		Website:
Broker / Producers Name:	Phone:	Email:
Address:	City/St:	Zip Code:
Accounting Contact:		

#### APPLICANT INFORMATION

Applicant First Name Insured:		
Description of Operations:		
Website:		
Address:	City/St:	Zip Code:
Contact	Title:	
Telephone:	Fax:	Email:
Year Business Established:	FEIN:	
Additional Named Insureds:		Relationship to Applicant:
_____		_____
_____		_____
_____		_____

Company is an (select all that apply):     INDIVIDUAL     PARTNERSHIP     CORPORATION     JOINT VENTURE

OTHER (please describe): \_\_\_\_\_

Association Memberships \_\_\_\_\_

ISO 9001 Certified:	YES NO	ISO 14001 Certified:	YES NO
ISO 18000 Certified:	YES NO	OSHA SHARP VPP:	YES NO

### SECTION 2. EXISTING COVERAGE INFORMATION

Coverage	Carrier	Premium	Limits	Expiration	Deductible or SIR
General Liability					
Site Pollution Liability					
Excess Liability					
Contractors Pollution Liability					
Professional Liability					

### SECTION 3. COMPANY OPERATIONS

Revenue	Domestic	Foreign	Intercompany
Estimated next 12 months			
Current 12 Month Policy Period			
Second Prior Year			
Third Prior Year			

- a. Provide the names and country of origin for foreign customers and products sold:

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- b. Revenue by Operation:

1. Broker/Drop Ship	%
2. Distribution/Warehouse	%

Enviant

3. Re-package/Re-label	%
4. Mixing/Blending	%
5. Manufacturing	%
6. Environmental Services	%
7. Equipment Sales	%
8. Servicing	%
9. OTHER	%
TOTAL	100%

c. Location Information

Complete the spreadsheet for all locations you own or operate locations where you lease space and locations utilized for the treatment and disposal of your waste or waste from projects.

**SECTION 4. PRODUCTS INFORMATION**

- a. 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, explain:

- b. List top five (5) products or product categories sold by volume or % sales:

Product/Product Categories	Annual Volume or % Sales

- c. Products Sold For: Product(s)

Products Sold For:	%	Product(s)
Industrial Use	%	
Contractor Use	%	
Retail Sales	%	
Distributors	%	
OTHER -	%	

- d. Are any of your products sold in retail markets (i.e. Dollar General, Home Depot, etc.)?:

YES  NO IF YES, please list product(s), and total sales:

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- e. Describe any aerosol products distributed, toll/private label produced, or packaged and total sales:

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Do any of your products, current or past, contain the following?.

	YES		NO	
Benzene				
Perfluoranoic Acid (PFOA)				
Silica				
Lead or Asbestos				
BPA (Bisphenol A)				
Phthalates				
Diacetyl				

If YES on any of the above, please provide details below:

f. Do any of your products, current or past, use or incorporate nanotechnology? YES NO

IF YES, explain: \_\_\_\_\_

g. Are any of your products past or present sold to any of the following industries?

	YES		NO	
Aircraft / Missile / Aerospace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watercraft / Offshore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmaceutical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cosmetics / Health & Beauty / Personal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human or Animal foods or consumables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fertilizers or Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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If YES on any of the above, please provide details below:

h. Do you sell any foreign made products or components? YES NO  
IF YES, list the names and country of origin for foreign suppliers and annual sales:

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i. 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 for discontinuation:

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j. Do you perform any toll manufacturing, private labeling, blending or repackaging for others? YES NO  
IF YES, list products and % of sales:

- k. Does anyone toll, private label, blend or repackage for you? YES NO  
IF YES, list who, what product, and percent of sales:
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**SECTION 5. QUALITY CONTROL**

- a. Do you issue guarantees and/or warranties to purchasers? YES NO  
IF YES, explain:

- b. Who is guaranteeing the finished product, under what conditions, and for what period?
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- c. Are there quality control procedures for the following?

RAW MATERIALS	YES	NO
WORK IN PROCESS	YES	NO
FINISHED PRODUCT	YES	NO

- d. Do you pull any or retain samples from raw materials and finished products? (Y, N) IF NO, please explain
- e. Are Lot/Batch numbers recorded and tracked to facilitate a recall? (Y, N) IF NO, please explain
- f. Have you ever recalled or are you considering recalling any products? (Y, N) IF YES, describe:

## SECTION 6. TRANSPORTAION

- a. Is there a written fleet safety program that addresses all company drivers? IF NO, explain:
- b. Do you have a written policy regarding the use of cellphones while operating vehicles?
- c. Do you have a written Substance Abuse Policy?
- d. Are you aware of 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 past year?

IF YES, please provide their name, position and type of vehicle they have access to:

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- e. Do you haul your own products? Do you backhaul or haul for others?  
IF YES for backhaul or haul for others, explain:
- f. Do you have GPS or other tracking devices on your vehicles?  
IF YES, explain:
- g. Are any of the company vehicles allowed to be taken home?  
IF YES, explain:
- h. Is there personal use of company vehicles?  
IF YES, explain:
- i. Are any family members allowed to drive a company vehicle?  
IF YES, explain:
- j. Do any employees use their personal auto for business (sales, admin, maintenance, etc.)?

IF YES, do they maintain minimum personal auto liability limits of \$100,000/\$300,000?

IF NO for personal limits, explain

- k. Do you rent, hire or lease vehicles on a short term basis (6 months or less)?  
IF YES, what is your estimated annual cost?

Vehicle Schedule

Vehicle Type	# Driven < 50 mile radius	# Driven > 50 miles
Private Passenger		
Light Truck		
Medium Truck		
Heavy		
Extra Heavy Truck		
Truck Tractor		

## SECTION 6. CLAIMS INFORMATION

Have you ever had a claim or loss over \$50,000? Yes      No

If "Yes", please provide details (if not indicated in the attached loss runs) :

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In the last five years, has the applicant had any reportable releases or spills of hazardous substances, hazardous wastes or any other pollutants as defined by applicable environmental statutes or regulations? Yes      No

If "Yes", please provide details:

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In the last five years, has the applicant been prosecuted or is the applicant currently being prosecuted for contravention of any standard or law relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental statutes or regulations? Yes No  
If "Yes", please provide details:

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List all claims made against the applicant during the past five years for cleanup or response action, "toxic tort" or other bodily injury, or property damage, resulting from the release of hazardous substances, hazardous waste, or other pollutant, from this location or other locations owned or operated by the applicant, into the environment. Please provide a brief description of the claim(s) and their disposition:

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None to report

List all claims made against the applicant during the past five years for bodily injury, property damage, or environmental damage resulting from the ingestion, inhalation or release of hazardous substances or other pollutants related to any of your products. Please provide a brief description of the claim(s) and their disposition:

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None to report

For the purpose of the following questions, "you" means the manager or supervisor of the applicant responsible for environmental affairs, control or compliance, or any manager of the location(s) which is the subject of this application, or any officer, director or partner of the applicant.

At the time of the signing of this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental damage, or for bodily injury or property damage arising from the release of hazardous substances or other pollutants into the environment? Yes No  
If "Yes", please provide details:

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At the time of the signing of this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for bodily injury or property damage arising from the ingestion, inhalation or release of hazardous substances or other pollutants related to any of your products? Yes No

If “Yes, please provide details:

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## FRAUD WARNING

**NOTICE TO ARKANSAS 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 CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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, and 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 KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other personal 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 a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 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 any 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 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 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 such 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.

**NOTICE TO WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NOTICE TO ALL OTHER STATE APPLICANTS:** 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.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND ATTACHED ADDENDUM (\$) ARE TRUE AND THAT NO MATERIAL ACTS 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:	Email Address:

I authorize the release of any audit information including worksheets to ChemPlan without further instructions.

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Applicant Signature:	Date:
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