

CHEMICAL DEALER SUPPLEMENTAL

ATTACH SAMPLE LISTING OF CHEMICAL(S) SOLD OR USED BY APPLICANT

- 1) Full name of Applicant: _____
- 2) Years in business: _____ Years of experience _____
- 3) Expected annual receipts from all operations: \$ _____
- 4) Number of owners, officers or partners: _____ # Of all other employees: _____ Annual employee payroll: \$ _____
- 5) Please explain what type(s) of service work you perform: _____

- 6) Are independent or subcontractors used? Yes No Projected cost of any subcontractors you hire for any ops. \$ _____
 - a. Are all subcontractors required to carry Commercial General Liability coverage? Yes No
 - b. Are limits of liability at least \$1,000,000/\$2,000,000? Yes No
 - c. Do you require that you are named as an Additional Insured under each subcontractor's Commercial General Liability coverage? Yes No
 - d. Do you require by written contract that the additional insured requirement in 6.c. include that the subcontractor's Commercial General Liability coverage is primary to and non-contributory with your coverage? Yes No
 - e. Do you require by written contract that each subcontractor include waivers of subrogation in your favor in their Commercial General Liability policies? Yes No
 - f. Do you require by written contract that each subcontractor include waivers of subrogation in your favor in their Workers' Compensation Policies? Yes No
 - g. Projected cost of any subcontractors you hire for any operation that do not carry coverage(s) or limit(s) per items 6.a., 6.b. or 6.c. above \$ _____
- 7) Will you or have you signed any MSA agreements or insured contracts? (If so, please attach a copy for our review) Yes No
- 8) Will you be or are you required to name any entities as an Additional Insured or Waiver of Subrogation by written contract? Yes No
- 9) Please indicate who will be named as an Additional Insured and Waiver of Subrogation along with a description of your relationship to each entity.

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- 10) Do you store chemical(s)? Yes No
If yes, how and where: _____

- 11) Describe how chemical(s) are used in well stimulation, production or any other well services: _____

12) Do you manufacture any chemicals? Yes No

13) Do you mix or blend chemicals for sale or application? Yes No

14) Describe how chemical(s) are containerized, delivered or shipped, e.g. tank trucks, metal drums or barrels, plastic, cardboard, etc:

15) Describe "all" written safety precautions or warning labels supplied and what directions are given for use of the chemical(s):

16) Are any chemical(s) listed as hazardous by any State or Federal Agency? If yes, please list all Yes No

17) Please advise percentage of chemicals sold or used that are considered hazardous: _____%

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED AS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant's Signature: _____

Date: _____

Producer's Signature: _____

Date: _____