



CHEMICAL OR MUD - MANUFACTURERS OR DISTRIBUTORS- SUPPLEMENTAL

Named Insured: _____

Website address: _____ **Yr Business started:** _____

Any work in PA, WV or NY? _____ **Are you working in any shale play areas?** _____

Check all applicable:

- Broker/Distributor Mixing/Blending Manufacturing
- Drilling Mud Downhole Chemicals Other

1. List & describe current products :

Manufactured: _____

Distributed: _____

2. Describe function and end use of product: _____

3. For products distributed but not manufactured:

Are all products distributed from U.S. manufacturers?: _____

Do all manufacturers provide certificates of ins showing products coverage? _____

Do they provide Vendors Coverage _____ **Provide Additional Insured** _____

Do you do any warranty or service work? _____

4. For Products Manufactured:

Are you using raw products manufactured by others: Yes No

Are you using industry standard recipes? Yes No

Are you doing custom blending? Yes No

Are products water soluble? Yes No

Are products sold under the insured's name or label? Yes No

Describe any new Products planned? _____ If so describe: _____

Has there ever been a recall of any product? Yes No

Provide Details of Quality Control measures:

5. Sales history for the past 5 years starting with the current year?

6. Percentage of products distributed domestically versus foreign: _____

7. Who is responsible for Product Testing and or Quality Control? _____

8. Does the insured do any Research and Development including testing? _____

9. Do you employ: Analytical Chemist Yes No Mud Engineers Yes No

10. Does the insured deliver Yes No **% of Operations:** _____

Apply any products? Yes No **% of Operations:** _____

Does the insured have treater trucks: Yes No

Pump products downhole: Yes No / **Into tanks** Yes No / **Into Pipelines:** Yes No

11. How are products/chemicals stored: _____ **Tanks** _____ **Barrels** _____ **Bags**

Do you have an emergency spill protection plan? Yes No

Is storage area dyked : Yes No

Is there an automatic sprinkler system/fire alarm: Yes No

12. Please provide copies of : Warning labels; training manuals, brochures, contracts, MSDS sheets

GENERAL INFORMATION

YES NO

Do any operations include blasting, storing or transporting explosive material? If yes, give details.		
Do any operations include excavation, tunneling, underground work or earth movement?		
Any work above 2 stories?		
Any use of cranes? If yes, explain		
Any Work subbed? If yes, describe : Cost: _____		
Do you require a Master Service Agreement to be completed and on file prior to work starting?		
Do subs provide certificates of ins with equal or greater limits?		
Is the insured named as Additional Insured ?		
Is insured held harmless?		
Does the insured lease employees from others?		
Is there any work from boats, docks, barges or rigs?		
Any equipment loaned, rented or leased to others?		
Any exposure to high voltage or major electrical panels?		
Is there a written safety program in place? Who administers?		
Is there a Safety Director?		
Are regular safety meetings held? _____ How often? _____		
Does the insured purchase WC coverage?		
Does Insured lease any employees?		

EMPLOYEE BENEFITS

Does the insured require a signed acceptance or rejection from each employee on programs permitting employees an option to enroll or not to enroll?		
Is a written explanation of all benefits provided to each employee?		
Is the administration of Insured's Employee Benefits Program assigned to a specific person or unit and centralized in one location?		
Does the insured have knowledge of a past or current occurrence which might result in a claim		
Has any Error or Omission loss or claim ever been sustained or is there any pending claim against the insured?		

AUTO INFORMATION

YES NO

Do you perform Pre-employment drug testing?		
Are MVR's obtained? If yes – how often?		
CDL required?		
Do you have formal hiring practices?		
Do you have formal written driver and fleet safety programs?		
Do you perform accident reviews? Who performs the review?		
Does the company allow personal use of company vehicles?		
Is there a written policy regarding personal use?		
If the policy is in writing, is it signed by each driver?		
Is personal use limited to an assigned driver?		
Are employee's family members allowed to use company vehicles?		
Is there a scheduled vehicle maintenance program? If yes, are records maintained for each unit?		
Are regularly scheduled safety inspections performed?		
Are results of inspections recorded and maintained?		
Are pre-trip safety inspections performed?		
Do you have a cell phone use policy? <input type="checkbox"/> Hands free <input type="checkbox"/> No use while driving <input type="checkbox"/> Pull over to talk		
Indicate the % of operations within the majority of the time: 1-50 miles ____ 50-100 miles ____ 100-200 miles ____ 200+ ____		
Do you haul any Red label or EPA poisonous substances (Hazard III or IV)		
Do you require MCS90 filing		
Do you transport property of others?		
Do you haul for hire?		
Do you have any Hot Shot delivery?		

Declaration and Signature: I have read the above application. I declare that to the best of my knowledge and belief the statements and information in this application and any attachments thereto are true, accurate and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in this application or in any attachments thereto is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

Named Insured Signature: _____

Title _____

Date _____