



COLONY SPECIALTY

Member Argo Group

INDUSTRIAL CASUALTY DIVISION

Chemical Products Supplemental Application

1. Applicant's Name: _____

2. Experience/yrs in business: _____

3. Estimated Sales : _____ Domestic _____ Foreign

4. Association memberships (NACD, SOCMA, NPCA, ISSA, Etc.) : _____

5. ISO 9000 or 14000 Certified ? _____ Yes _____ No

6. Indicate all products manufactured or distributed and their typical application or uses: (Please attached MSDS for all products listed)

7. Please indicated product composition , please indicated %

Water Based _____ Powder Coating _____

Solvent Based _____ Aerosol Filing _____

8. Describe the general location of the facility (urban, rural, industrial park, residential, commercial): _____

8. Describe the other occupancies within 100 feet of your premises (provide estimate of distance to occupancy):

North: _____

South: _____

East : _____

West: _____

9. Have you during the last five (5) years been cited and /or prosecuted for contravention or violation of any standard or law relating to any release from a site of any substance into sewers, rivers, seas, air or onto land?

_____ Yes _____ No

If yes, please explain: _____

10. Have any of your products been subject to inquiry or investigation by a government agency concerning the efficiency, the adequacy of labeling, hazardous contents or safety?

_____ Yes _____ No If yes, please explain: _____

11. Any intercompany sales? _____ Yes _____ No If yes, please explain: _____

12. Do you perform any services outside your customary operations as a chemical manufacturer and/or distributor, such as consulting services, design, lab test, installation, training, etc ?

_____ Yes _____ No If yes, please explain: _____

13. Could any of your products be part of or used on or in connection with:

Aircraft or Aircraft Parts Manufacturing	_____ Yes	_____ No
Ammunition Manufacturing	_____ Yes	_____ No
Baby Food Manufacturing	_____ Yes	_____ No
Baby or Children Related Items	_____ Yes	_____ No
Beverage Manufacturing	_____ Yes	_____ No
Boat or Ship Manufacturing	_____ Yes	_____ No
Contact Lens Manufacturing	_____ Yes	_____ No
Cosmetic Manufacturing	_____ Yes	_____ No
Drug Manufacturing	_____ Yes	_____ No
Explosives or Fireworks Manufacturing	_____ Yes	_____ No
Feed Manufacturing	_____ Yes	_____ No
Fertilizer Manufacture or Distributor	_____ Yes	_____ No
Fireproofing	_____ Yes	_____ No
Fumigating	_____ Yes	_____ No
Gas Manufacturing	_____ Yes	_____ No
Gasoline Distributors	_____ Yes	_____ No
Liquor Manufacturing	_____ Yes	_____ No
Seed Merchants	_____ Yes	_____ No
Tire Manufacturing	_____ Yes	_____ No
Tobacco Products Manufacturing	_____ Yes	_____ No
Toiletries	_____ Yes	_____ No
Toys or Games	_____ Yes	_____ No

If yes, please explain and provide % of total sales.

14. Any products foreign made? Yes No If yes, please describe _____

15. Have any products or operations been discontinued in the past 5 years? Yes No If yes, please list the products or operations and the date and reason for discontinuation.

16. Do you perform any manufacturing, repackaging, blending or private labeling for others?:
 Yes No If yes, please list the products and % of sales.

17. Are any of your products manufacturing, repackaging, blending or private labeling by others?:
 Yes No If yes, please list the products and % of sales.

18. Are you named as an additional insured vendor for any of the manufacturers? Yes No

19. Do you have written quality control procedures in place? Yes No If yes, please attached a copy of the table of contents.

20. Do you test raw materials prior to production? Yes No

21. When are batches tested? During production Prior to Shipment

22. How are you records retained? _____

23. Do you pull and retain samples from raw materials and finished products? Yes No

24. Do you have a written product recall program in place? Yes No

25. Are serial/batch numbers shown on the finished product & invoices? Yes No

26. Have you ever recalled any products for any reason? Yes No If yes, please indicate product and reason for recall?

27. Do you have a written emergency plan for fire and chemical spills? Yes No

28. Do you require certificates of insurance from all supplies? Yes No

29. Do any of the products sold or manufactured carry a Reactivity or physical hazard of 3 or 4?

Yes No If yes, please list the
products. _____

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____

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