

CHEMICAL RISK QUESTIONNAIRE

(To be completed and signed by the Insured)

A. APPLICANT

1. Give the full name of applicant and subsidiary companies:

2. Principal address:

B. PRODUCT INFORMATION:

3. Give percentage of gross sales for each of the following products.

Product	% of gross sales
1. Manufactured/blended	
2. Brokered (no physical possession/not imported)	
3. Distributed (no repackaging)	
4. Repackaged/package (under mfg. label)	
5. Repackaged (under Insured's label)	

C. SHIPPING INFORMATION:

5. In what type of container and vehicle is product shipped?
6. In what quantity? (55 gal. drum, etc)
7. In what form? (solid/liquid/gas)

D. LOCATIONS:

8. Distance from surrounding buildings
9. Surrounding area (rural/industrial/residential/commercial)
10. Above ground/underground tanks
11. No. of gallons
12. Contents of tanks
13. Is surrounding area diked?

YES NO

E. QUALITY CONTROL:

- 16. Do your records show who supplied the component materials going into your product?. If NO, provide details. YES NO
- 17. Do records show to whom and the date each product was sold? If NO, provide details YES NO
- 18. How long are records kept?
- 19. Are certificates of Insurance required from suppliers? If NO, provide details. YES NO
- 20. Are coming materials tested? If NO, provide details. YES NO
- 21. Are finished products tested before delivery? If NO, provide details. YES NO
- 22. Are all labels, instructions, operating manuals, advertisements, and warranties periodically reviewed by legal counsel to avoid misunderstandings relative to product safety or their intended use? If NO, provide details. YES NO
- 23. Are products designed, tested, labeled to meet or exceed all applicable government standards? If NO, provide details. YES NO
- 24. Is there a specific product recall program? If NO, provide details. YES NO
- 25. Have any of your products ever been recalled or are you considering recall of any known or suspected defective products from the market? If YES, provide details. YES NO
- 26. Are any of your products manufactured or distributed carcinogens? YES NO

Please Note: Completion of this questionnaire creates no obligation upon the applicant to accept insurance or upon Lexington Insurance to offer Insurance.

By signing this questionnaire, I am attesting to the accuracy of the information provided.

SIGNATURE _____
TITLE _____
DATE _____
NAME OF BROKER _____