

Covers distributors that buy, store, repackage, blend, and deliver chemicals — industrial and specialty chemicals, solvents, acids and caustics, pool and water treatment chemicals, and cleaning and janitorial chemicals. Chemical manufacturers use the manufacturing form. Complete with ACORD 125/126/127/140. Attach a chemical inventory with maximum quantities, a site plan, and the fleet schedule.

## 1 APPLICANT / BUSINESS INFORMATION

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| LEGAL BUSINESS NAME  | DBA                  | FEIN                 | YEARS IN BUSINESS    |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| WAREHOUSE ADDRESS    | CITY / STATE / ZIP   | WEBSITE              |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |

**Entity type:**  
☐ Sole proprietor    ☐ Partnership    ☐ LLC    ☐ Corporation    ☐ Other

|                                                 |                         |                                       |
|-------------------------------------------------|-------------------------|---------------------------------------|
| PRIMARY CONTACT / TITLE                         | PHONE                   | EMAIL                                 |
| <input type="text"/>                            | <input type="text"/>    | <input type="text"/>                  |
| RESPONSIBLE DISTRIBUTION VERIFIED? (Y/N / DATE) | EPA RMP FACILITY? (Y/N) | NEAREST RESIDENCE / SCHOOL (DISTANCE) |
| <input type="text"/>                            | <input type="text"/>    | <input type="text"/>                  |

## 2 OPERATIONS

DESCRIPTION OF THE BUSINESS (CHEMICALS HANDLED, CUSTOMERS, WAREHOUSES, DELIVERY)

| CHEMICAL CLASS | MAX QUANTITY ON SITE | % OF SALES |
|----------------|----------------------|------------|
|                |                      |            |
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Classes: flammable liquids & solvents; acids; caustics; oxidizers (incl. pool chlorine); water-reactive materials; toxic or extremely hazardous substances; compressed gases; non-hazardous chemicals.

### Operations performed (check all):

- ☐ Warehouse & resell only    ☐ Repackaging into smaller containers    ☐ Blending / mixing    ☐ Private-label products    ☐ Bulk tank storage  
☐ Drum & tote reconditioning    ☐ Delivery with own trucks    ☐ Tank-truck / bulk delivery

### Size and volume:

Warehouse sq. ft.     Bulk tanks     Hazmat vehicles     Customer accounts     Chemicals stocked

## 3 EXPOSURE & RISK QUESTIONS — STORAGE, FIRE & RELEASE

At a Georgia warehouse, pool chlorine reacted with water and burned, forcing 17,000 people to evacuate; one insurer is seeking \$20 million for a neighbor's soot damage. EPA cites distributors for incompatible storage and missed reporting thresholds.

3-1 Are incompatible chemicals (oxidizers, acids, caustics, flammables, water-reactives) separated by barriers or distance? ☐ Yes ☐ No  
 IF YES, EXPLAIN

3-2 Is the fire protection system designed for the chemicals stored, including water-reactive materials? ☐ Yes ☐ No  
 IF YES, EXPLAIN

3-3 Are storage quantities tracked against EPCRA, RMP, and fire code thresholds, and are filings current? ☐ Yes ☐ No  
 IF YES, EXPLAIN

|                                      |                                                                                                                       |                                                          |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 3-4                                  | Is there secondary containment for tanks and drums, with containment able to hold sprinkler water runoff?             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, EXPLAIN <input type="text"/> |                                                                                                                       |                                                          |
| 3-5                                  | Has the local fire department toured the site and received the chemical inventory and site plan?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, EXPLAIN <input type="text"/> |                                                                                                                       |                                                          |
| 3-6                                  | Are any businesses, homes, or schools within one mile that could be affected by a smoke plume or release?             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, EXPLAIN <input type="text"/> |                                                                                                                       |                                                          |
| 3-7                                  | Has the site had a fire, spill, or release requiring outside responders or regulatory reporting in the last 10 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, EXPLAIN <input type="text"/> |                                                                                                                       |                                                          |
| 3-8                                  | Are there underground tanks, past spills, or prior industrial uses on the property?                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, EXPLAIN <input type="text"/> |                                                                                                                       |                                                          |

#### 4 EXPOSURE & RISK QUESTIONS — REPACKAGING, TRANSPORT & CUSTOMERS

|                                      |                                                                                                           |                                                          |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 4-1                                  | When the applicant repackages or blends, does it issue its own labels and safety data sheets?             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, EXPLAIN <input type="text"/> |                                                                                                           |                                                          |
| 4-2                                  | Are blends made to customer specifications, and is each batch tested and documented?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, EXPLAIN <input type="text"/> |                                                                                                           |                                                          |
| 4-3                                  | Are drivers hazmat-endorsed, and are vehicles placarded and inspected under DOT rules?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, EXPLAIN <input type="text"/> |                                                                                                           |                                                          |
| 4-4                                  | Do drivers transfer product into customer tanks, and are hoses, fittings, and tank labels verified first? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, EXPLAIN <input type="text"/> |                                                                                                           |                                                          |
| 4-5                                  | Does the applicant screen customers for legitimate use of chemicals that can be misused or diverted?      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, EXPLAIN <input type="text"/> |                                                                                                           |                                                          |
| 4-6                                  | Are any products sold to consumers or to pool and spa retailers?                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, EXPLAIN <input type="text"/> |                                                                                                           |                                                          |
| 4-7                                  | Does the applicant take back empty containers, waste, or off-spec product?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, EXPLAIN <input type="text"/> |                                                                                                           |                                                          |

#### 5 PAYROLL, SALES & REVENUE

|                                                 |                                     |                                               |
|-------------------------------------------------|-------------------------------------|-----------------------------------------------|
| TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)         | WAREHOUSE / BLENDING EMPLOYEES      | DRIVERS                                       |
| <input type="text"/>                            | <input type="text"/>                | <input type="text"/>                          |
| PROJECTED ANNUAL GROSS SALES (\$, ILLUSTRATIVE) | PRIOR YEAR SALES (\$, ILLUSTRATIVE) | REPACKAGED / BLENDED SALES (\$, ILLUSTRATIVE) |
| <input type="text"/>                            | <input type="text"/>                | <input type="text"/>                          |

## 6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

CURRENT GL / PRODUCTS CARRIER

POLLUTION CARRIER / LIMIT

UMBRELLA LIMIT

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6-1 Has any carrier declined, cancelled, or non-renewed coverage for this business in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

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6-2 Has the applicant received an EPA, OSHA, DOT, or state environmental citation or penalty in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

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| DATE OF LOSS | DESCRIPTION | TOTAL INCURRED (\$, ILLUSTRATIVE) | OPEN / CLOSED |
|--------------|-------------|-----------------------------------|---------------|
|              |             |                                   |               |
|              |             |                                   |               |
|              |             |                                   |               |
|              |             |                                   |               |

6-3 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No

IF YES, EXPLAIN

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## 7 RISK MANAGEMENT & SAFETY

7-1 Is there a written emergency response plan, drilled at least annually with local responders? ☐ Yes ☐ No

IF YES, EXPLAIN

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7-2 Are employees trained in HazCom, spill response, and hazmat handling, with records kept? ☐ Yes ☐ No

IF YES, EXPLAIN

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7-3 Are tanks, piping, and containment inspected on a written schedule? ☐ Yes ☐ No

IF YES, EXPLAIN

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## 8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

**FRAUD NOTICE:** Any person who knowingly and with intent to defraud any insurance company or other person 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 and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)

TITLE

DATE

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

PRODUCER — CORY WASHINGTON & CO. LLC

PRODUCER SIGNATURE (TYPE FULL NAME)

DATE

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