



XL INSURANCE COMPANY LIMITED

XL Insurance Company Limited
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CHEMICAL FACILITIES POLLUTION SUPPLEMENTAL APPLICATION

(This supplemental application is part of an overall application for coverage)

1. APPLICANT NAME: _____

2. NATURE OF OPERATIONS:

a. Provide total annual gross sales for the periods indicated:

Estimated (next 12 months)	20	\$
Past 12 months	20	\$
1st Previous Year	20	\$

b. Type of business activity:

1. Broker	%
2. Wholesale/Warehouse	%
3. Repackage/Relabel	%
4. Mixing/Blending	%
5. Manufacturing	%
6. Other ()	%

c. Markets to which products are directed:

Private Customer	%	Industry	%	Distributor	%	End User	%
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d. Briefly list the typical usage of your product(s):

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

1. Aircraft/Missile/Aerospace	<input type="checkbox"/> Yes	<input type="checkbox"/> No	% of Sales	%
2. Watercraft or Offshore	<input type="checkbox"/> Yes	<input type="checkbox"/> No	% of Sales	%
3. Fertilizer/Pesticide	<input type="checkbox"/> Yes	<input type="checkbox"/> No	% of Sales	%
4. Life Support Services/Surgical	<input type="checkbox"/> Yes	<input type="checkbox"/> No	% of Sales	%
5. Pharmaceuticals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	% of Sales	%
6. Cosmetics/Food Grade	<input type="checkbox"/> Yes	<input type="checkbox"/> No	% of Sales	%
7. Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	% of Sales	%

- f. Area of Distribution:
- | | | | | | | | |
|--------------|---|----------------|---|----------------|---|---------|---|
| 0 - 50 Miles | % | 51 - 250 Miles | % | Over 250 Miles | % | Foreign | % |
|--------------|---|----------------|---|----------------|---|---------|---|
- g. Do you ever sub-contract work or product orders?
 Yes No
 If Yes, provide product name(s), process and full details:
- h. Are you a sub-contractor for other organizations (performing work or formulating products to others' specifications)?
 Yes No
 If Yes, please explain:
- i. Do you agree to indemnify or hold harmless dealers, distributors or suppliers against claims or suits for bodily injury, property damage, personal injury or death in connection with your products?
 Yes No
 If Yes, attach copies.
- j. Are you held harmless by any manufacturer or supplier?
 Yes No
 If Yes, attach copies.
- k. Provide the names of suppliers of raw materials and products handled and attach a copy of your products brochure:
- l. Do you utilize suppliers and their products that are domiciled outside Canada?
 Yes No
 If Yes, list supplier, their domicile, product and what percentage this is of your total business:

3. PRODUCTS/PROCESSES

- a. Do you have products that carry a 3 or 4 on the Hazardous Identification System Label?
 Yes No
 If Yes, please provide material safety data sheets.
- b. Are there products which you have ceased to handle during the past five (5) years?
 Yes No
 If Yes, please identify:
- c. Are any of your products flammable or explosive or require segregated storage?
 Yes No
 If Yes, please explain:
- d. Do you handle any aerosol products?
 Yes No
 If Yes, describe storage and packaging precautions:
- e. Are any products subject to deterioration as a result of temperature, pressure, humidity, etc.?
 Yes No
 If Yes, please explain:

- f. Are shelf life and storage precautions clearly explained on the container?
 Yes No
If No, please explain:
- g. Are all products labeled in compliance with applicable regulations and are products labeled with all appropriate warnings and ingredients?
 Yes No
If No, provide details:
- h. Have any of your products been subject to inquiry or investigation by a governmental agency concerning the efficiency, the adequacy of labeling, hazardous contents or safety?
 Yes No
If Yes, please explain:
- i. Describe processes associated with products which you repackage, mix, blend or manufacture (attach additional sheet if necessary):
- j. Are all warehouse facilities you utilize operated by you?
 Yes No
If No, please explain:

4. QUALITY CONTROL:

- a. Do you issue guarantees and/or warranties to purchasers?
 Yes No
If Yes, attach copies.
- b. Who is guaranteeing the finished product, under what conditions and for what period?
- c. Is there a designated quality control manager responsible only to top management?
 Yes No
If Yes, provide the following information:
Name:
Title:
Education/Certificates (attache resume):
- d. Is there a quality control procedure for the following?
Raw Materials?
 Yes No
Work In Process?
 Yes No
Finished Product?
 Yes No
If Yes, attach copies.
- e. Do you test product or employ the services of a testing laboratory?
 Yes No
If Yes, is testing performed on raw materials, work in process or finished product?
 Yes No
Explain who is performing the testing and provide categories of chemicals tested and how long samples are retained:

- f. Do you maintain complete inventory records on shipments and/or deliveries?
 Yes No
 Are serial and/or batch numbers shown on the finished product and shipment invoices?
 Yes No
 Do you maintain samples of products involved in your quality control procedures?
 Yes No
 Have you been involved in a recall of any products you have sold?
 Yes No
 If Yes, attach plan.
 What factors in your product labeling assist in product recall?
- g. Do you require the following medical services for your employees?
- | | | |
|----------------------------------|------------------------------|-----------------------------|
| 1. Pre-employment physicals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Routine follow-up physicals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Exposure reports? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Incident follow-up physicals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Exit physicals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- h. Describe the type and length of training given to employees who work with hazardous materials:

5. DRIVER SAFETY/TRAINING

- a. Driver selection includes:
- | | | |
|--------------------------|------------------------------|-----------------------------|
| 1. Written Application: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Reference Check: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Written Test: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Road Test: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Physical Exam: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Substance Abuse Test: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. MVR Check : | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- b. Who is responsible for driver selection?
 Name:
 Title:
- c. Are driver files current and in compliance with applicable regulations?
 Yes No
- d. Are passengers allowed in company-insured vehicles?
 Yes No
- e. Are there any drivers with convictions for DUI, DWI or reckless driving?
 Yes No
- f. Is there a company safety manual?
 Yes No
 If Yes, attach copy.

6. VEHICLE MAINTENANCE:

- a. Is there a written maintenance program?
 Yes No
 If Yes, attach copy.
- b. Is an individual service record file maintained on each vehicle?
 Yes No

- c. Are vehicle condition reports (VCRs) completed daily?
 Yes No

- d. Are spill kits in all vehicles?
 Yes No
 If Yes, attach copy of spill plan.

- e. Do you service your own vehicles?
 Yes No
 If No, please explain:

- f. Of materials hauled, provide the percentage of:
 Bulk % Drummed % Cylinder % Other %

- g. List any required automobile filings:

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____