

# SUPPLEMENTAL APPLICATION FOR BIO-FUEL MANUFACTURER'S LIABILITY COVERAGE



Please answer all questions. If a question does not apply, please write N/A or Not Applicable.  
Please read carefully the statement at the end of this application.

Please Type or Print \_\_\_\_\_

## 1. Applicant

Proposed Effective Date: \_\_\_\_\_

- A. Full name of all entities of the applicant: \_\_\_\_\_  
\_\_\_\_\_
- B. Principal address: \_\_\_\_\_  
\_\_\_\_\_
- C. Contact name: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

## 2. Description of Operations and Premises

- A. Describe your bio-fuel manufacturing process: \_\_\_\_\_  
\_\_\_\_\_
- B. Describe all operations other than bio-fuel manufacturing: \_\_\_\_\_  
\_\_\_\_\_
- C. List all products and by-products: \_\_\_\_\_  
\_\_\_\_\_
- D. List all feedstock(s): (soy oil, corn oil, etc.): \_\_\_\_\_  
\_\_\_\_\_
- E. List all chemicals or materials used in your process: \_\_\_\_\_  
\_\_\_\_\_
- F. Do you perform any professional or consulting services unrelated to your manufacture of bio-fuels?  
\_\_\_Yes \_\_\_No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
- G. Describe prior experience of principal(s) in bio-fuels industry (if any): \_\_\_\_\_  
\_\_\_\_\_
- H. List any industry-related certifications or designations (BQ- 9000, ISO 9000-2001, etc.): \_\_\_\_\_  
\_\_\_\_\_
- I. List any industry-related memberships: \_\_\_\_\_  
\_\_\_\_\_
- J. Do all tanks and liquid storage areas have secondary containment? \_\_\_Yes \_\_\_No
- K. What types of monitoring devices do tanks have? (include storage and process tanks): \_\_\_\_\_  
\_\_\_\_\_
- L. Describe security measures (fencing, alarms, security personnel, video surveillance, lighting, etc.) \_\_\_\_\_  
\_\_\_\_\_

M. Describe fire protection systems (heat/smoke alarms, fire doors, automatic fire suppression system, automatic sprinkler system): \_\_\_\_\_

N. Is there a dedicated flammable/combustible liquid storage room?  Yes  No If yes, describe the construction and fire rating of the room: \_\_\_\_\_

O. Has the local fire department inspected your facilities?  Yes  No

P. Do you allow cutting and welding operations on premises?  Yes  No

Q. Do you perform any mixing or blending of product outside of the manufacturing process?  Yes  No  
If yes, please describe: \_\_\_\_\_

R. Describe the location of your facility(ies) (rural, urban, industrial, residential, commercial): \_\_\_\_\_

S. Do you deliver product to your customers?  Yes  No If yes, what percentage? \_\_\_\_\_

T. Do you permit customers to pick up product after hours or without your supervision?  Yes  No

U. Are pick up locations clearly marked with traffic controls?  Yes  No

### 3. Pollution Information

A. Any pollution incidents or claims during the last six years?  Yes  No If yes, please describe: \_\_\_\_\_

B. Have you been cited and/or prosecuted for violation of any standards of law relating to any release from a site of any substance into sewers, rivers, seas, air or on to land?  Yes  No If yes, please describe: \_\_\_\_\_

C. Do you have a written emergency response or crisis management procedure?  Yes  No

D. If yes, are these procedures coordinated with local authorities?  Yes  No

### 4. Product(s) Information

A. Do you have written quality control and testing procedure?  Yes  No Please provide details or attach copy: \_\_\_\_\_

B. Do your biodiesel products conform to ASTM Standard 6751?  Yes  No

C. Do your products meet all applicable government standards?  Yes  No

D. Products sold to :

Commercial entities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Industrial facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Agricultural operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individuals	<input type="checkbox"/> Yes	<input type="checkbox"/> No

E. List typical applications or uses for your product(s): \_\_\_\_\_

F. Do you sell the by-products of your manufacturing process?  Yes  No  
If yes, to whom and for what purpose? \_\_\_\_\_

G. Have any of your products been subject to inquiry or investigation by any governmental agency?  Yes  No  
If yes, please explain: \_\_\_\_\_

H. Do you have a products recall plan?  Yes  No If yes, please attach a copy.

I. Have you ever recalled products because of a potential safety hazard?  Yes  No. If yes, attach details and percentage of recovery: \_\_\_\_\_

J. Are your products batch coded?  Yes  No

K. Can you identify your product from those of your competitors?  Yes  No

- L. If a product is recalled, can it be traced so both the source and the destination of batches can be identified?  
 \_\_\_Yes \_\_\_No
- M. Are you aware of or have any knowledge of any current situation, fact or circumstance that may lead to a recall or product withdrawal? \_\_\_Yes \_\_\_No If yes, please provide details: \_\_\_\_\_

N. Please Provide Total annual gross sales by product and corresponding gallons for the periods indicated:

<u>Period</u>	<u>Product(s)</u>	<u>Revenues</u>	<u>Gallons</u>
Projected (next 12 months)	_____	\$ _____	_____
Current Year	_____	\$ _____	_____
	_____	\$ _____	_____
First Prior Year	_____	\$ _____	_____
	_____	\$ _____	_____
Second Prior Year	_____	\$ _____	_____
	_____	\$ _____	_____
Third Prior Year	_____	\$ _____	_____
	_____	\$ _____	_____

**5. Additional Information**

Please provide the following additional information:

- Five Years historical plus current year loss runs
- MSDS for Products, as applicable
- Tank Schedule (size, contents by type and volume, construction, age, secondary containment, etc...above ground, below ground etc...) and applicable monitoring devices, if any
- Plot plan
- Prior environmental reports, if any

**6. Claims History**

List all individual claims or losses in the past 6 years from the first dollar of loss (not net of deductible), including expenses:

Date of Loss	Description of Loss	Indemnity Paid	Expense Paid	Indemnity Reserved	Expense Reserved	Total Incurred
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$

**Additional Explanation to Questions**

Please provide additional comments that would further clarify the information above or address characteristics of your firm not previously addressed.

Question No.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 7. Acknowledgements, Authorization and Signature

By signing this Application, you represent and agree to each of the following four (4) items:

1. You have made a comprehensive internal inquiry or investigation to determine whether anyone in your firm is aware of any actual or alleged fact, circumstance, situation, act, error or omission which may reasonably be expected to result in a claim, and have fully and completely divulged any and all such situations in this Application.
2. Each of the statements and answers given in this Application, are:
  - a. Accurate, true and complete to the best of your knowledge;
  - b. No material facts have been suppressed or misstated;
  - c. Representations you are making on behalf of all persons and entities proposed to be insured;
  - d. A material inducement to the insurance company to provide insurance, and any policy issued by the insurance company is issued in specific reliance upon these representations.
3. This Application, along with any other Application or Supplemental Applications are hereby deemed to be attached to the policy contract, and incorporated into the policy contract, whether or not any of the other Supplemental Applications are physically attached to a particular copy of the policy contract, and regardless of whether any of the other Supplemental Applications are signed or dated.
4. You agree to promptly report to the Company, in writing, any material change in your operations, conditions, or answers provided in this Application, or any other Application or Supplemental Application, that may occur or be discovered after the completion date of said Application(s), but before the inception date of the policy. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance.

**NEW YORK FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING (not applicable in Nebraska, Vermont or Virginia):** Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

IMPORTANT NOTICE: Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

General Star Indemnity Company is a "non-admitted" or "surplus lines" insurer in all states except Connecticut, and is not subject to the financial solvency regulation and enforcement which applies to licensed companies. The insurance company does not participate in any state insurance guarantee fund; therefore, these funds will not pay your claims or protect your assets if the insurance company becomes insolvent and is unable to make payments as promised. Your agent or broker can verify with the State Insurance Commissioner that General Star Indemnity Company is an approved surplus lines insurer in the state. This information applies to General Star National Insurance Company in Connecticut only.

An authorized representative who is an active owner, officer, or partner of your firm must sign this Application within thirty (30) days prior to the policy inception date.

\_\_\_\_\_  
Signature of Owner, Officer or Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name and Title