

**SUPPLEMENTAL APPLICATION  
BIO-DIESEL FUEL MANUFACTURERS  
LIABILITY COVERAGE**

**TO BE SUBMITTED WITH ACORD GENERAL LIABILITY APPLICATION**



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

**1. APPLICANT:**

**A. Full name of all entities of the applicant:**

\_\_\_\_\_

**B. Principal Address:**

\_\_\_\_\_

**C. Website:** \_\_\_\_\_

**2. DESCRIPTION OF OPERATIONS:**

**A. Describe your bio-diesel manufacturing process:**

\_\_\_\_\_

**B. List all products and by-products:**

\_\_\_\_\_

**C. List all feed stock (s): ( soy oil, corn oil etc)**

\_\_\_\_\_

**D. List all chemicals or materials used in your process:**

\_\_\_\_\_

**E. Describe prior experience of principal (s) in bio-diesel fuel industry (if any)**

\_\_\_\_\_

**3. PRODUCTS INFORMATION:**

**A. Do you have a written quality control and testing procedure in place?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**B. Is bio-diesel pure B100 that complies with US Environmental Protection Agency ASTM Standard D6751-03** \_\_\_\_\_ Yes \_\_\_\_\_ No

**C. Is insured blending bio-diesel with any other diesel fuel** \_\_\_\_\_ Yes \_\_\_\_\_ No

**1. If yes, explain:**

\_\_\_\_\_

**D. Who are insured's customers/industrial - Commercial, industrial, agricultural, individual?**

\_\_\_\_\_

**E. Are there any contractual agreements in place which would require the applicant to warrant the quality of their product or indemnify the customer?** \_\_\_\_\_

**If yes, explain:**

\_\_\_\_\_

**F. List typical applications or use of your product (s)**

\_\_\_\_\_

**G. Do you sell the by-products of your manufacturing process?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**1. If yes, to whom and for what purpose**

\_\_\_\_\_

**2. Are by-products sold in crude form or purified?**

\_\_\_\_\_

**H. Do you have a products' recall program in place?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**I. Have you ever recalled a product for any reason?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**1. If yes, please explain** \_\_\_\_\_

\_\_\_\_\_

**SUPPLEMENTAL APPLICATION  
BIO-DIESEL FUEL MANUFACTURERS  
LIABILITY COVERAGE**



J. Can you identify your products from those of your competitors?  Yes  No

---

**4. PLEASE PROVIDE TOTAL ANNUAL GROSS SALES BY PRODUCTS AND CORRESPONDING GALLONS FOR PERIODS INDICATED:**

<u>Period</u>	<u>Product</u>	<u>Revenue</u>	<u>Gallons</u>
Project Current	_____	_____	_____
1st Prior	_____	_____	_____
2nd Prior	_____	_____	_____
3rd Prior	_____	_____	_____

**5. ADDITIONAL INFORMATION:**

- A. Provide MSDS for products, if applicable
- B. Tank Schedule - size, contents by type and volume, construction, age, secondary containment, above or below ground and applicable monitoring devices if any:

---

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

---



---

The applicant hereby covenants and agrees that the foregoing statements and answers are just, full and true exposition of all facts and circumstances with regard to the risk to be insured, in-so-far same are known to the applicant, and the same are hereby made the basis and a condition of this insurance, and a warranty on the part of the insured..

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

\_\_\_\_\_  
Signature of Owner or Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer or Agent

\_\_\_\_\_  
Date