



## Environmental Protection Insurance Coverage Package (EPIC PAC) Application

### Instructions:

- Please print or type clearly.
- Please answer all questions and those applicable to the coverages requested. If any questions in those sections do not apply, please answer "NA."
- If additional supporting documentation is needed to answer the questions completely, please reference in the application and attach the additional supporting documentation.
- The application must be signed and dated by a duly authorized executive, officer, owner, or principal of the applicant.

### Section 1. Applicant Information

#### Applicant's Name (First Named Insured)

Chemteq Inc.

#### Mailing Address

1701 Butterchurn Court

#### City

Virginia Beach

#### State

VA

#### Zip Code

23456

#### Applicant's Internet Website Address

www.chemteq.net

#### Form of Business:

Individual  Partnership  Joint Venture  Trust  Limited Liability Company

Organization, Including a Corporation (But not including a Partnership, Joint Venture, or Limited Liability Company)

Describe (if Joint Venture/Other):

Year Established: 2008

Description of Applicant's Operations: Manufacture emission control products

Fiscal Year Period: 2021 to 2022

#### Gross Revenue:

Next Fiscal Year's Projected revenue: 130,000

Current Fiscal Year estimated annual revenue: 100,000

Prior Fiscal Year's annual revenue: 135,000

**List all Legal Entities (Other than Applicant) for which Coverage is Requested; please attach an organizational chart**  
 (if the below space is inadequate to account for all entities requesting coverage, please attach a separate document and indicate below that an attachment has been provided)

Named Insured	Description of Operations	% owned by Applicant	Revenue
None			

## Section 2. Coverage

**Existing Coverage:**

	General Liability	Site Pollution Liability	Non-Owned Disposal Site Pollution Liability	Pollution Liability During Transportation	Contractors Pollution Liability
Carrier:					
Limit:					
Deductible/SIR:					
Premium:					
Occurrence or Claims Made (add Retro Date):					

**Proposed Effective Date:**

**Proposed Policy Term:**

## Section 3. Products and Operations

**Allocate Revenues by % for Manufacturing/Distributing/Processing (should total 100%):**

Description of Operations	% of Gross Revenues
Manufacturing Product to Own Specs (including mixing/blending)	100 %
Manufacturing Product to Customer Specs (Tolling)	0
Manufacturing by 3rd-Party (Tolling By Others)	0
Distributor - No repackaging, relabeling or mix/blend	0
Distributor - With repackaging and/or relabeling	0
Distributor - Foreign manufacturer (Import products of others)	0
Broker / Drop Ship / Manufacturers Rep (No Physical Possession of Product)	0
Processing	0
Foreign Revenue (exports)	0
Waste Services (treatment, storage or disposal)	0

Do any of your products, current or past contain the following?

	Yes	No	Not Applicable	Comments
Benzene		<input checked="" type="radio"/>		
Cannabidiol (CBD)/ Tetrahydrocannabinol		<input checked="" type="radio"/>		
(THC)		<input checked="" type="radio"/>		
Diacetyl		<input checked="" type="radio"/>		
Dicamba		<input checked="" type="radio"/>		
Glyphosate		<input checked="" type="radio"/>		
Talc		<input checked="" type="radio"/>		

Are any of your products sold into the vape or e-cigarette industry? Yes  No

If yes, please describe: \_\_\_\_\_

Does the applicant have a written quality control procedure for raw materials received, work in progress and finished product?

Yes  No

If yes, please describe: \_\_\_\_\_

Does the applicant test raw materials/component parts received and finished product? Yes  No

If yes, please describe: all materials tested according to specifications

Have any of the applicant's products been discontinued or recalled in connection with their business? Yes  No

If yes, please describe: \_\_\_\_\_

Does the applicant retain inventory records of all outgoing finished product? Yes  No

If yes, how long are records kept? 2 years

Does the applicant enter into indemnity or hold harmless agreements in connection with their business? Yes  No

If yes, please attach your standard indemnification / hold harmless wording.

Does the applicant require Additional Insured status from their suppliers or manufacturers? Yes  No

Does the applicant perform installation, service or maintenance of their product(s)? Yes  No

If yes, please describe and provide revenue (\$): \_\_\_\_\_

Does the applicant hire subcontractors to install, service or maintain their product(s)? Yes  No

If yes, please describe and provide revenue (\$): \_\_\_\_\_

## Section 4. Premises and Pollution Liability

List all Property(ies) for which Coverage is Requested:

(if the below space is inadequate, please attach a statement of values or other documentation listing the properties requesting coverage)

Street address (include City, State, Zip Code)	Owned / Leased	3rd-party tenants onsite (Y/N)	Size of Site (# of Acres)	Description of current / prior operations
1. 600 West 24th street Suite B Norfolk, VA 23517	leased	N	500 square feet	manufacture and laboratory
2.				
3.				

If 3rd-party tenants onsite, NA  
please describe their operations: \_\_\_\_\_

Please describe any premises security including fencing, surveillance cameras, alarms, etc.: security, alarm

Have any Environmental Reports including Phase I or Phase II Environmental Site Assessments, Surveys or Audits been prepared for the properties? Yes  No  If yes, please provide copies.

Has there ever been or is there currently any remediation, monitoring or sampling to investigate contamination at any of the properties? Yes  No  If yes, please provide explanation and attach copies of applicable environmental reports.

Has the applicant ever manufactured, sold, handled, distributed, stored, or disposed of any product(s) which contained Per- or Polyfluoroalkyl Substances (PFAS) including, but not limited to Perfluorooctanoic acid (PFOA) or Perfluorooctanesulfonic acid (PFOS)? Yes  No  If yes, please provide explanation:

Has there ever been a fire at any of your locations where Aqueous film forming foam (AFFF) or firefighting foam was used by the fire department or by the facility? Yes  No

If yes, please provide explanation: \_\_\_\_\_

Are there any underground or aboveground storage tanks (USTS OR ASTS) at any of the properties?

Yes  No  If yes, please provide schedule that includes capacity, contents, construction, age, leak detection/monitoring type.

Is the applicant aware of any tanks at the properties that have been removed or closed in place? Yes  No

If yes, were they removed and/or closed in accordance with applicable regulations? Yes  No

Are there any known plans for development, redevelopment, improvement, betterment, equipment turn around or upgrades, demolition or plans for changes in site use/operations at any of the properties during the proposed policy period?

Yes  No

If yes, please describe: \_\_\_\_\_

Are there any plans to sell any of the properties during the proposed policy period? Yes  No

If yes, please describe: \_\_\_\_\_

**WASTE DISPOSAL POLLUTION LIABILITY:**

Does the applicant require disposal of any hazardous materials as part of its operations? Yes  No

If yes, please describe materials, quantities generated per month and facility at which the material is disposed (if available, please provide a copy of the most recent waste manifest)

Material	Monthly Volume	Disposal Facility

Has the applicant ever been named as a potential responsible party (PRP) in connection with disposal activities? Yes  No

If yes, please describe: \_\_\_\_\_

**TRANSPORTATION POLLUTION LIABILITY:**

Does the applicant have any operations that require the transportation of hazardous materials: Yes  No

(If no, please skip to Section 5)

If yes, and the applicant transports the materials themselves, please complete the table below:

**CLASS 1:** Solid Hazardous Waste & all other liquid or gases not in Class 2

**CLASS 2:** Petroleum-based products; toxic/flammable/explosive/radioactive chemicals, gases, liquids or other materials

Owned / Operated Vehicle Type	Class 1 Average Number of Daily Shipments	Class 2 Average Number of Daily Shipments
Truck:		

Rail:		
Watercraft:		
Aircraft:		

If yes, and the hazardous materials are transported by a third-party, please completed the table below:

Waste Hauler Name	Material(s) Hauled	Carrier Type (Bulk, Container, Tanker, Etc.)	Maximum Distance Traveled

**Do you require your third-party transporters to carry pollution liability insurance?**

Yes  No  If yes, please describe: \_\_\_\_\_

**Has the applicant had any claims in any way related to pollution releases from transported cargo in the past five years?**

Yes  No  If yes, please describe: \_\_\_\_\_

## Section 5. Excess Liability

**Excess Limit(s) Requested:** \_\_\_\_\_

**Existing Coverage:**

	Excess/Umbrella	Auto Liability	Employers Liability	Other
	Check If None ( / )	Check If None ( / )	Check If None ( / )	Check If None ( / )
Effective Date:				
Carrier:				
Limit:				
Deductible/SIR:				
Premium:				
Occurrence or Claims Made (add Retro Date):				

**Has any umbrella carrier or excess insurer declined, cancelled, or refused to renew? (Note: Missouri Residents need not reply)**

Yes  No  If yes, please describe: \_\_\_\_\_

**Auto Information:**

Vehicle Type	# of Vehicles Driven < 50 mile radius	# of Vehicles Driven > 50 mile radius
Private Passenger / Light Truck (GVW < 10,000lbs)		
Medium Truck (GVW < 20,000lbs)		
Heavy / X-Heavy Truck or Tractor (GVW > 20,000lbs)		

Does the applicant have an auto safety & training program and check MVRs regularly? Yes  No   
Does the applicant have a vehicle maintenance program in place? Yes  No

**Worker's Compensation Information:**

Is the applicant a qualified self-insurer for worker's compensation coverage? Yes  No

If yes, please describe: \_\_\_\_\_

Is the applicant subject to any of the following?

Jones Act? Yes  No

If yes, please describe: \_\_\_\_\_

Federal Railroad Employee Act? Yes  No

If yes, please describe: \_\_\_\_\_

Longshoreman's & Harbor Workers Act? Yes  No

If yes, please describe: \_\_\_\_\_

**Section 6. Claims and Warranty Statements**

**A. CLAIMS:**

1. Has the applicant ever had a claim or loss over \$50,000?  
Yes  No  If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

2. In the last five (5) years, has the applicant had any reportable releases or spills of hazardous substances, hazardous wastes or any other pollutants as defined by applicable environmental statutes or regulations?  
Yes  No  If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

3. In the last five (5) years, has the applicant received any notices of violation, fines, penalties, complaints or other enforcement actions regarding compliance with environmental laws?  
Yes  No  If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

4. In the last five (5) years, has the applicant been prosecuted or is the applicant currently being prosecuted for contravention or any standard of law relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental statutes or regulations?  
Yes  No  If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

5. Have any claims been made or legal action (including regulatory action) been brought against the applicant which relate in any way to an actual or alleged pollution release (including mold matter and legionella) or water intrusion?  
Yes  No  If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

**B. WARRANTY:**

1. Is the applicant aware of any fact, circumstance or situation which could result in a claim being made against you or any other person or entity for which coverage is being sought?  
Yes  No  If Yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

## Section 7. Signature

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damage. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*.  
\*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*.  
\*Applies in NY Only.

**Applicable to ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits.  
\*Applies in ME Only.

**Applicable to NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable to OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon convictions, shall be sanctioned for each violation by a fine of not less the five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**By signing this application, the applicant warrants to the company that all statements made in this application including attachments, about the applicant and its operations are true and complete, and that no material facts have been misstated in this application or concealed. 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. Completion of this application does not bind coverage.**

\_\_\_\_\_  
Signature of Authorized Applicant

Kirollos S. Kirollos

\_\_\_\_\_  
Print Name of Applicant

CEO

\_\_\_\_\_  
Title of Applicant

11/02/2021

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Broker/Agent

\_\_\_\_\_  
Print Name of Broker/Agent

\_\_\_\_\_  
Name of Broker/Agent Firm

\_\_\_\_\_  
Broker/Agent Address

\_\_\_\_\_  
Broker/Agent Phone and E-Mail Address