

## AGRICULTURAL CHEMICAL DEALER QUESTIONNAIRE

Applicant Name \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Agency Name \_\_\_\_\_ Agency # \_\_\_\_\_

### Chemical Storage Information

1. How many gallons of liquid chemical is stored at the applicant's facility: \_\_\_\_\_
2. How many pounds of dry chemical is stored at the applicant's facility: \_\_\_\_\_
3. What is the maximum gallons of liquid chemical stored in any one container or tank? \_\_\_\_\_
4. Please check if any of these compounds are stored in the applicant's facility:
 

<input type="checkbox"/> Aluminum or Zinc Phosphide	<input type="checkbox"/> Organophosphates	<input type="checkbox"/> Methyl Bromide	<input type="checkbox"/> Gasses or Fumigants
<input type="checkbox"/> Cresol	<input type="checkbox"/> Formalin	<input type="checkbox"/> Strychnine	<input type="checkbox"/> Anhydrous Ammonia
<input type="checkbox"/> Ammonium Nitrate	<input type="checkbox"/> Sulfuric Acid		

### Chemical Handling Information

5. Are any chemicals diluted with water before they are sold?  Yes  No
6. Are any chemicals sold without clear and visible safety handling instructions?  Yes  No
7. Are any liquid chemicals mixed with other chemicals?  Yes  No
8. Are any dry fertilizers mixed with other dry fertilizers?  Yes  No
9. Is there proper ventilation available in areas where mixing takes place?  Yes  No
10. Is there a formalized dust collection process for any dry chemical mixing?  Yes  No

If Yes, please explain the process:

11. Are any chemicals left in their original containers?  Yes  No
12. Do any chemicals require refrigeration to avoid volatility?  Yes  No
13. Are any chemicals manufactured and/or labeled by the applicant?  Yes  No
14. Are any chemicals imported from other countries?  Yes  No

If Yes, what countries: \_\_\_\_\_

15. Does the applicant transport chemicals?  Yes  No

If Yes, what chemicals are transported and at what volume:

### External Exposures Information

16. Are there any schools, hospitals, nursing homes, or residential exposures within a one mile radius of the applicant's location?  Yes  No
17. Are there any food products businesses (i.e. grocer, bakery, manufacturer) exposures within a one mile radius of the applicant's location?  Yes  No  
 Within a five mile radius?  Yes  No
18. Are there any other businesses within a 5 mile radius that would be impacted if a loss occurred at the applicant's location?  Yes  No

If Yes, please describe the businesses: \_\_\_\_\_

**Risk Management Information**

- 19. Is HAZCOM signage clearly visible on the outside of the buildings and tanks?  Yes  No
- 20. Are employees trained in the reading of HAZCOM signage?  Yes  No
- 21. Are detailed records kept for HAZCOM training for all employees?  Yes  No
- 22. Are employees trained for chemical handling and safety?  Yes  No
- 23. Are employees trained in the proper disposal of chemicals?  Yes  No
- 24. Is the local fire department aware of the chemicals you have stored on the premises?  Yes  No
- 25. Is a chemist consulted for the layout of chemical storage to reduce the chemical reaction potential?  Yes  No
- 26. Is spill containment diking adequate for the volume of storage?  Yes  No  
How old is the spill containment diking system: \_\_\_\_\_
- 27. Is there a spill response plan in place?  Yes  No
- 28. Is personal protection equipment available and required for all employees?  Yes  No
- 29. Is the eye wash station clearly marked with a flashing light?  Yes  No
- 30. Is there an enforced no smoking policy in place on the premises?  Yes  No
- 31. Does the applicant have a pollution policy for long-term environmental exposures of storing chemicals on premises?  Yes  No  
If Yes, what are the policy's limits of liability: \_\_\_\_\_
- 32. Please describe the security system and method of inventory control:

**The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this questionnaire changes between the date of the questionnaire and the inception date of the policy period, I will notify Ag Brokerage Solutions of such change. I understand that completion of this questionnaire does not compel the company to provide coverage.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date