



1. Applicant Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

2. List each Named Insured, the date started/acquired and description of operations:

Name: \_\_\_\_\_

Date started/acquired: \_\_\_\_\_ Operations: \_\_\_\_\_

Name: \_\_\_\_\_

Date started/acquired: \_\_\_\_\_ Operations: \_\_\_\_\_

Name: \_\_\_\_\_

Date started/acquired: \_\_\_\_\_ Operations: \_\_\_\_\_

**(Ownership breakdown will be requested if more than one requested Name Insured)**

3. Has there been a change in management in the past 5 years? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

4. Please list all industry associations of which you are a member. \_\_\_\_\_

5. Please provide a narrative description of all your current operations:

\_\_\_\_\_

6. Do you have any past, or discontinued operations, not described above? Yes No

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

\_\_\_\_\_

\_\_\_\_\_

7. Do you store, sell, or apply ammonium nitrate? Yes No