

PRIMEX, Ltd.

P.O. Box 1274
Building #1, 2nd Floor
Chelston Park, Collymore Rock
St. Michael, Barbados, West Indies
Telephone: (246) 436-9929
Fax: 1(246) 436-9932

Application for Excess Liability Insurance from Primex, Ltd., a Barbados Corporation (062018 ED.)

I. Instructions

Note to Applicants:

This application is not an offer to sell, nor does it solicit an offer to buy, Primex, Ltd., shares. Such an offer is made only by the offering memorandum and to accredited investors. No offer is made in any jurisdiction where such an offer or sale would be unlawful.

This application form should be used for any new application to Primex Ltd. and for applications to extend coverage to newly acquired entities. No Application can be considered unless the application form and all information requested therein is complete. The Applicant may designate as "Confidential" any information included in the application that is considered confidential or proprietary and not normally available publicly. Any information designated "Confidential" will be disclosed solely to those of Primex Ltd.'s directors, officers, underwriting committee members, consultants, attorneys or reinsurers who have a need-to-know the same for the purpose of underwriting the potential risk of issuing an excess liability insurance policy to the Applicant, provided that the persons to whom such disclosure is made have agreed to use such information solely for that purpose and otherwise to preserve its confidentiality. In the event that it is deemed necessary for other persons to have access to confidential information in order to make decisions about the applications, the Applicant shall be notified and agreement reached between the Applicant and Primex, Ltd. before such access is permitted.

Applications must be submitted in person in Barbados by either the applicant or an agent of the applicant. Applicants may contact Dennis Chandler who serves as the buyer's agent for current Primex, Ltd., members. Dennis Chandler's address:

Suite 102 Warrens Court
Warrens, St. Michael BB 22026
Barbados, West Indies.

Alternatively, applicants may appoint any broker, attorney, or other person to serve as the offshore intermediary or broker ("Barbados Agent"). All applicants must appoint a Barbados Agent, who will represent the applicant or policyholder's interests in negotiations with Primex. The Barbados Agent must be domiciled outside the United States and shall receive a designated commission for their services.

The completed application should be delivered in person at the following address:

Primex, Ltd.
P.O. Box 1274
Building #1, 2nd Floor
Chelston Park
Collymore Rock
St. Michael, Barbados, West Indies
Attn: Nicholas Crichlow/
M. Margaret Howard

Telephone: (246) 436-9929
Fax: (246) 436-9932

Any communications from Primex concerning the application will be addressed to the Barbados Agent of the Applicant. Substantial amendments, supplements, and revisions from the Applicant to Primex concerning the application should be sent to the Barbados Agent, who will transmit that information to Primex at the above address.

The completion for a submission to underwriters of this application does not constitute a binder of insurance nor any insurance coverage whatsoever nor do underwriters undertake to offer any terms or covers.

Applicants are advised to read the policy(ies) before completing this application; as the forms subject to whatever amendments to the terms, conditions and exclusions that underwriters may require, shall be the basis of any coverage which may be granted by underwriters.

(Please answer all questions. If not applicable, please so indicate.)

II. Application

1. **Applicant:** -----
Address: -----
Fiscal Year End: -----
Policy Year End: -----
State Incorporated: -----
Risk Manager or Contact: -----
Telephone number of contact: -----
Facsimile number of contact: -----
Email Address of contact: -----
2. **Name and Address of Barbados Agent (must be domiciled in Barbados) of the Applicant** to receive notices, policies and other communication from underwriters.

3. Is this a:
a. New Application _____
b. Application for Extension of Coverage to Newly Acquired Corporation(s) or Assets _____
4. If 3 b., has been checked, **set forth the date of the acquisition** and answer all remaining questions on the application form as though such questions applied only to the newly acquired corporation(s) or assets.

5. List on **Attachment A:**
 - a. The names and addresses of all subsidiaries or owned or controlled companies (defined as all persons or organizations controlled or owned by the Applicant by reason of the ownership of a majority of the voting stock or voting rights of such person or organization) which the Applicant wishes to include as Insureds under the Policy.
 - b. The names and addresses of any other person or organization that the Applicant wishes to include as Insureds under the Policy, together with a description of the relationship between the Applicant and such persons or organizations and an explanation of the reason the Applicant wishes to include them under the Policy (i.e. Joint Ventures, LLC's, etc.) (Such entities are not insured unless they are added to the Policy by a special endorsement).
6. List separately in Attachment B, the names and addresses of all subsidiaries or owned or controlled companies (defined as all persons or organizations controlled or owned by the Applicant by reason of the ownership of a majority of the voting stock or rights of such persons or organizations) **which the Applicant does not wish to include as Insureds under the policy.**

7. For all Applicants and the persons or organizations identified on Attachment A, attach one (1) copy of the latest annual report 10-K and latest 10-Q for U.S. companies and the equivalent financial statements for Non-U.S. and privately owned companies.
8. In Attachment C, provide a detailed description of operations for the Applicant and the persons or organizations listed in Attachment A, including: all products manufactured, sold, handled, or distributed by such persons or organization; all owned or leased premises with a replacement cost of \$5,000,000 or more and applicant's website address.
9. In Attachment D, describe in general, the surrounding area of Applicant's major plants and other operations (e.g., schools, churches, homes, other plants, etc.). How far away from applicant's plants, operations are they?
10. In Attachment E, provide a five (5) year history (by year) of acquisitions and divestitures. Including: material changes in operations (current and anticipated); acquired corporations or assets; list any retained liabilities whether direct or contingent.
11. Provide the following information (for year policy to be effective) with respect to the Applicant and the persons or organizations identified in Attachment A (estimated with respect to all applicants for policy year):

a.	Annual Gross Payroll (for year_____)	Number of Employees
	U.S. _____	_____
	Canada _____	_____
	All Other_____	_____
	Total _____	_____
b.	Annual Gross Revenue: Chemical (for year_____)	Non-Chemical
	U.S. _____	_____
	Canada _____	_____
	All Other_____	_____
	Total _____	_____

(All Applicants will be required to submit actual policy year figures within 30 days of the expiration of the policy year so that premium adjustments can be made).

12. Describe in detail any current or past operations of the Applicant or of any person or organization listed in Attachment A (include approximate revenue if a current operation) involving the manufacture, sale, handling or distribution of, or other business operations or exposure to the following: (indicate with N/A if not applicable).
 - a. asbestos, or any product containing asbestos:
 - b. waste disposal operations, third party waste disposal or waste disposal for any person or entity listed in **Attachment A:**

- c. any product used in a vitamin , drug, medical product, or any pharmaceutical injected into, ingested by , or applied onto or inserted into a human being to effect a therapeutic or prophylactic response within such human being:
- d. any product used as, or is a major component of a military weapon or chemical munitions:
- e. any product used as, or is a major component of a pesticide or herbicide (differentiate between manufactured , mixed with a private label and/or distribution only):
- f. any aircraft, aerospace products, or related products (of any kind) or any material or substance supplied to or for use by any aircraft and or aerospace industry :
- g. any construction -type risks:
- h. any marine products, watercraft components or shipbuilding operations :
- i. any mining risks and/or underground exposures :
- j. any occupancy-type risks:

-describe number and size of building exposures, give separate listing of buildings in excess of seven (7) stories :

-describe fire prevention systems (facilities with sprinklers, smoke alarms/detectors, other):

- k. any oil and gas exploration or production products or operations :

- l. any petrochemical, chemical plants, oil refineries, chemical plants, major manufacturing/storage facilities with significant third party exposures:

-provide copy of latest engineering report from property insurance carrier (if available):

-indicate whether risks are rated HPR:

-maintenance expenditures for each of the past 5 years:

-age of facilities :

-maximum and average number of employees and independent contractors and percentage split between employees and independent contractors:

-safety programs in place for labor and how monitored:

m. any railroad operations or facilities including liabilities assumed by contracts:

-number of cars and locomotives owned and/or leased:

-payrolls under Federal Railroad Employment Act:

n. any utilities:

-dams and downstream exposures:

o. any professional liability exposures for advice or services rendered to parties other than Applicant:

-medical personnel employed:

p. any exposure under liquor law (other than Host):

13. In Attachment F, provide fleet summary showing number of owned and leased vehicles by classification (private passenger, pickups, light trucks, medium trucks, heavy trucks, tractors and trailers) for U.S., Canada and International. We will also need radius of operation for each class of vehicle listed above. The radius of operation needs to be broken out as follows: 0-50 miles, 51-200 miles, and over 201 miles.
14. In Attachment G, list **All** underlying coverage for any person or organization listed in **Attachment A** (separately by entity if not insured together) either purchased or self-insured and the limits of such insurance. (It is the Insured's obligation to update the listing in the event of any changes). Provide specific details including: carriers, policy period, limits of liability, specify whether claims-made, occurrence or reported occurrence forms and exclusions applicable to policies.
15. In Attachment H, describe loss control and prevention measures which the Applicant employs and would like the underwriter to consider. Include: Safety and Loss Control Committee (frequency of meetings); OSHA hazard communication; hazardous waste operations and emergency response standards.
16. In Attachment I, provide ten (10) years of recently valued ground-up aggregate loss summaries. Must

include policy period, number of open and closed claims, indemnity paid to date, indemnity reserved to date, expenses paid to date, expenses reserved to date, and total incurred for all insured and uninsured losses separately for the following categories:

- a. General Liability
- b. Auto Liability
- c. Product and Completed Operations Liability
- d. Pollution (excluding EPA superfund claims)

Please include loss data on divested or discontinued operations/products for which the Applicants, persons or operations have on-going liability.

17. In Attachment J, provide complete loss information for claims in excess of \$100,000 each for the past ten (10) years. Must include policy period, name of claimant, date of loss and claim, company or division, amounts paid to date, reserved to date, total incurred, brief description of loss and status for the following categories:
- a. General Liability
 - b. Auto Liability
 - c. Product and Completed Operations Liability
 - d. Pollution Liability
18. In Attachment K, provide detail of any products manufactured or distributed that have been subject to voluntary or involuntary recall during the past ten (10) years.
19. Describe in **Attachment L** any **pending or potential environmental investigation**, or any actual environmental investigations during the past five years, conducted by the Environmental Protection Agency or by any federal, state or local governmental entity of any environmental aspect of the operations of the Applicant or any of the persons or organizations listed in **Attachment A**. If actual investigations have been performed list fines, penalties or citations for violations.
20. Does the Applicant **warrant** that all of the information provided in this Application is accurate?
- (Underwriters ordinarily will require a supplemental certification that information provided in the Application continues to be correct as of the Inception Date of the policy. Such a supplemental certification is considered part of the Application for purposes of the warranty provisions of the policy. (**The supplemental certification form is attached to the application**).

Original Certification

The undersigned officer of the Applicant , being authorized to execute this Application on behalf of the Applicant, and having made due inquiry (including but not limited to inquiry of the legal department and the risk management department of the Applicant and of all of persons or organizations listed in Attachment A (if any) declares to the best of his or her knowledge and belief that the information set forth in this Application and the Attachments thereto is true and correct and that he or she knows of no other relevant facts which might affect Underwriters judgment when considering this Application and hereby agrees that any answers given in this Application shall not constitute a Notice of Circumstance, the exercise of Loss Notification option, nor satisfy the requirements of any Reporting of Claims Conditions, which may be contained in the policy issued to the Applicant , which policy(ies) incepts prior to the inception date of the policy to which this Application applies .

Date: _____

Signature: _____

Title: _____

Supplemental Certification

The undersigned officer of _____ ("Applicant") having made due inquiry (including but not limited to inquiry of the legal department and the risk management department of the Applicant) hereby certifies that, to the best of his or her knowledge and belief, all of the information set forth in the application dated --:--:--:--:--:--:--:-- continues to be true and correct as of the date of this certification (except as otherwise noted in the Attachment hereto) and that he or she is authorized to execute this certification on behalf of the Applicant.

Date: _____

Signature: _____

Title: _____

Please note:

- A. This certificate should be executed, and dated as of the Inception Date of the policy.
- B. Underwriters reserve the right to amend the policy retroactively if exceptions are noted in the attachment to the certificates.
- C. If there are no exceptions, the second parenthetical should be crossed out and initialized by the certifying officer of the Applicant.
- D. The original, executed certificate should be sent to your agent for transmittal to underwriters.

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ATTACHMENT A

Application for Excess Liability Insurance from PRIMEX, Ltd.

ATTACHMENT B

Application for Excess Liability Insurance from PRIMEX, Ltd.

ATTACHMENT C

Application for Excess Liability Insurance from PRIMEX, Ltd.

ATTACHMENT D

Application for Excess Liability Insurance from PRIMEX, Ltd.

ATTACHMENT E

Application for Excess Liability Insurance from PRIMEX, Ltd.

ATTACHMENT F

Application for Excess Liability Insurance from PRIMEX, Ltd.

ATTACHMENT G

Application for Excess Liability Insurance from PRIMEX, Ltd.

ATTACHMENT H

Application for Excess Liability Insurance from PRIMEX, Ltd.

ATTACHMENT I

Application for Excess Liability Insurance from PRIMEX, Ltd.

ATTACHMENT J

Application for Excess Liability Insurance from PRIMEX, Ltd.

ATTACHMENT K

Application for Excess Liability Insurance from PRIMEX, Ltd.

ATTACHMENT L