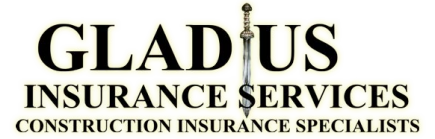


Silica Exposure Supplemental Risk Questionnaire



SIC classes with known and confirmed silica exposure fall into "prohibited" class. For suspected and incidental silica exposure, there is a Silica Exclusion for GL. There are several SIC classes where use of a SR Questionnaire for Silica Exposure is suggested to determine the extent of silica exposure. The answers to these questions will assist in appropriate underwriting decision and use of Silica Exclusion if appropriate.

1. Legal name:
2. Years in business:
3. How many years experience does the ownership have in this trade?
4. Detailed description of operations:

5. Payroll and premium information for the current year and last three (3) years:

Year	Payroll	Premium
Current:		
1 st Prior:		
2 nd Prior:		
3 rd Prior:		

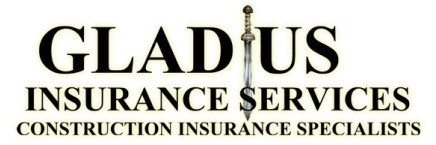
6. Are there any products that contain more than 1% free crystalline silica that can become airborne (i.e. during handling, use, packaging, installation, etc.)? Yes No

If yes, provide an estimate for the % of: Free crystalline silica, Sales

7. Are there any products that will be used for protection against airborne silica exposure? Yes No

If yes, list and describe protection measures in place:

Silica Exposure Supplemental Risk Questionnaire



8. Are there any operations or processes that use or create an airborne silica exposure? Yes No
If yes, list and describe:
9. How many employees, visitors, bystanders and/or contractors are there whom are routinely exposed to silica-related operations or processes?
10. Is there a silica exposure control program in place? Yes No
If yes, describe program:
11. Are there any mechanical ventilation controls in place to reduce the airborne silica exposure? Yes No
If yes, do they have adequate capacity? Yes No
Are they maintained properly? Yes No
12. Are employees, visitors and/or contractors provided personal protection when working in close proximity of silica-related operations or processes? Yes No
13. Are there any currently-owned or divested subsidiaries that solid silica, silica-containing products, or protection systems for airborne respirable silica? Yes No
If yes, indicate name of subsidiary and description of products:

Silica Exposure Supplemental Risk Questionnaire



15. Please provide a list of your five (5) largest clients, including a description of the services provided to each:

1)

2)

3)

4)

5)

To the best of my knowledge, all of the information I have given about my business is true and correct.

Officer or Owner of Business

Date