

1. Indicate estimated sales related to distribution: \$ _____

2. Provide the percentage (%) of sales in each of the following classifications:

- Drop shipped or third party _____%
- Warehoused (no repackaging, no relabeling) _____%
- Warehoused (packaging and/or relabeling) _____%
- Blending and compounding _____%

Above should total 100% of estimated sales shown in item 1.

If your sales do not fit in the above categories, please explain.

3. Explain in detail the process of repackaging or relabeling, *if applicable*. Also indicate the percentage (%) that is repackaged with your name and the amount that is repackaged without your name: _____

Repackaged with your name _____% Repackaged with supplies name _____%

4. Explain how the operation of blending and compounding is done for your products, *if applicable*.

5. Are you named as an "Additional Insured-Vendor" on all your suppliers' insurance policies?

No Yes

6. Do you require Certificates of Insurance from your suppliers? No Yes

7. **Distribution of Products from Foreign Suppliers** *This section must be completed if you are distributing products from foreign suppliers.*

Do you sell foreign products?		Yes _____	No _____
If yes, are you the "Importer of Record", purchasing the product directly from a foreign supplier?			
		Yes _____	No _____
If you are the "Importer of Record", please provide the following:			
Country of Origin	Product	Use	Gross Sales
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Does the foreign supplier have US Product Liability Insurance? Yes _____ No _____			
<i>If yes, please attach a certificate of insurance from the supplier.</i>			
If you are not the "Importer of Record", does your supplier have US Product Liability Insurance?			
		Yes _____	No _____
<i>If yes, please attach a certificate of insurance from the supplier.</i>			

To be eligible for a reduced rate, it is required that Certificates of Insurance be maintained on all your suppliers. Where applicable you should have your suppliers name you as an Additional Insured.

If you have foreign sales you must attach the Certificate of Insurance from your supplier. The supplier's insurance carrier must be accepted by CSI or a manufacturing rate will be applicable for those sales.

Applicant's Warranty

The Applicant warrants and agrees that to the best of its knowledge, the information provided in this addendum is true and that all pertinent information has been completely disclosed.

Date_____

Signature of Applicant_____

Officer's Title_____