

Propane and Fuel Oil Dealers Supplemental

Applicant Name: _____ **Requested Effective Date:** _____

Insured's Website: _____

Section I Summary of Operations

Please provide a narrative of the Insureds operations (Include all entities and reference entities to be excluded, if any):

Years in Business: _____ Number of Employees: _____ Years current management been in place: _____

Does the applicant/business owner currently own any other entities or operate any other businesses? Yes No
If yes, please provide details.

Name of Entity	Description of Operations	% of Ownership	Separately Insured
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide the DOT # and MC #, if applicable, for each entity that coverage is being requested for:

Name of Entity	DOT #	MC #

Insured Operations:

	Operations	Gallons	Gross Revenue	Payroll
Fuel Oil:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
Propane:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
Gasoline:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
Diesel:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
HVAC:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
Gas Service Stations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
Petroleum Distrib. for Others:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
Terminal Facilities/Throughput:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
Other (Describe below): _____		_____	\$ _____	\$ _____
Total:			\$ _____	\$ _____

**Section II
Automobile Information**

Type:	# Veh Local (0-50 mi)	# Veh Intermediate (51-200 mi)	# Veh Long Haul (200+ mi)
Diesel/Fuel Oil Trucks:	_____	_____	_____
Propane Cylinder Trucks:	_____	_____	_____
Propane Tanker Trucks:	_____	_____	_____
Gasoline Tanker Trucks:	_____	_____	_____
Tanker Trailers:	_____	_____	_____

% of operations within: 0-50 miles ____% 51 – 200 miles ____% Over 200 miles ____%

Does the Insured haul for others? Yes (____%) No Are any units operated long haul or interstate? Yes No

If you haul for others:

- What commodities do you haul for others? _____
- What are your annual gross receipts from hauling for others? \$_____
- # Units used to Haul Goods for Others: Power Units____ Trailers____

Are Owner-Operators used? Yes No If Yes:

- Number of Owner-Operators_____
- Describe your standards for selection of Owner-Operators (e.g. road test, vehicle inspection, MVR's):

**Please attach a sample copy of the owner-operator agreement that you use*

Does Insured use common carriers to deliver on their behalf? Yes No If yes, does the insured:

1. Obtain/retain certificates of insurance from each common carrier showing auto liability and GL Limits of at least \$1M Each Occurrence? Yes No
2. Obtain and retain a copy of each common carrier's MCS-90 endorsement? Yes No

Do you hire or rent any vehicles throughout the year? If yes, answer A & B. Yes No

- A. Estimated Annual Cost of Hire This Year \$_____ Prior Year \$_____
- B. What type of vehicles are hired or rented _____

Are any of the insured vehicles brought home by employees? Yes No

If Yes explain how many, how often, and by whom: _____

**Section III
Oil Delivery & Related Operations**

Service Sectors: Residential:____% Commercial:____% Industrial:____% Ag:____%

% of customers that are: Automatic Fill:____% Will Call:____% Repeat Will Call:____%

How are deliveries verified to avoid wrong deliveries? _____

Do you have a "No Whistle, No Fill" policy in place? Yes No

Does insured pre-inspect location and tank prior to 1st fill and tag fill pipe? Yes No

Do you perform wet hosing/fleet fueling operations? Yes No

Do you provide direct fueling of aircraft, direct fueling of commercial/industrial generators, marina fueling operations, direct fueling of watercraft, delivery of jet fuel or delivery of racing fuel? Yes No

**Section IV
HVAC & Related Operations**

Do you provide any of the following?

Product	Sales	Installation	Service	Do you obtain a certificate of insurance from the mfg with at least \$1M limits?
HVAC/ Burner Systems				<input type="checkbox"/> Yes <input type="checkbox"/> No
BBQ Grills				<input type="checkbox"/> Yes <input type="checkbox"/> No
Wood/Coal/Propane Stoves				<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Pools heaters				<input type="checkbox"/> Yes <input type="checkbox"/> No

Appliances				<input type="checkbox"/> Yes <input type="checkbox"/> No
Portable/Propane Heaters				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:				<input type="checkbox"/> Yes <input type="checkbox"/> No

Installation revenue/receipts for the above items \$ _____

Do you have a written rental agreement/contract for any of the above products leased or rented to others? Yes No

If yes, please attach a copy to this application.

What % of clients are full service clients where the insured provides fuel delivery and HVAC services? ____%

Any removal of underground storage tanks in the past, present or planned in next 5 years?: Yes No

Section V
LPG / Propane

Service Sectors: Residential: ____% Commercial: ____% Industrial: ____% Ag: ____%

% of customers that are: Automatic Fill: ____% Will Call: ____% Repeat Will Call: ____%

Please provide propane operation details:

<u>Type of Customer</u>	<u>LPG Gallons</u>	<u># of Customers</u>
Deliver to client's storage tank:		
On-site Bottle Fill :		
Cylinder Exchange:		
Drop Shipment:		
Brokerage —paper only — no physical possession of product:		

Does Insured convert vehicles to run off of LPG: Yes No

If Yes, please provide details: _____

Do you distribute Propane by means of underground mains or pipes (Jurisdictional Propane Systems)? Yes No

If Yes, please provide details: _____

Please provide gallons sold to:

<u>Customer</u>	<u>Gallons</u>	<u>Customer</u>	<u>Gallons</u>
Schools/Daycare	_____	Hotels/Motels	_____
Hospitals/Nursing Homes	_____	Oil/Gas Rigs	_____

Do you sell anhydrous ammonia or other gases (medical/welding?) Yes No

If yes, describe: _____

Do you allow others to operate bottle fill dispensers that you own? Yes No

Do you operate bottle fill dispensers that you do not own? Yes No

Do you operate bottle fill dispensers that you do own? Yes No

If Insured has portable propane tank operations: Are the filled tanks kept out of direct sunlight, fenced and locked? Yes No:

Describe: _____

List name and locations of bottle-fill stations operated by others where you supply gas, dispensing equipment or cylinders:

<u>Name</u>	<u>Location</u>	<u>Do you obtain a certificate of insurance from the operator with at least \$1M limits?</u>	<u>Are you included as an additional insured on the operator's policy?</u>	<u>Do you have a contractual hold harmless agreement in your favor?</u>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you require your staff to do, and document, leak tests for the following?

Type of Situation / Customer	Yes	No
Out-of-Gas		
Change in Tenant		
Service Work		
Large Assembly (Schools, Churches etc.)		
Other – Describe:		

What percentage of your customer files contain documented evidence that a leak test has been performed? _____%

****Please attach a sample copy of your standard form used to document a leak test.***

Do you have a GAS check program? Yes No

Do you have formal out of gas procedures? Yes No

When responding to an out-of-gas customer, what percentage of the time do you:

Require someone to be at home? _____%

Perform (and document) a leak test? _____%

Light and test (and document) the pilot lights? _____%

Do you provide safety information for your customers? Yes No

If yes, how often do you provide this information and is it documented? _____

Do you have a program to identify and replace regulators that are over 15 years old? Yes No

Section VI

Gasoline Service Station &/Or Convenience Store Operations

Please indicate the number of locations by type:	Owned	Operated	Leased	Total
Gasoline Service Stations w/ C Store:	_____	_____	_____	_____
Gasoline Service Stations w/o C Store:	_____	_____	_____	_____
C Stores (not at Gasoline Service Station):	_____	_____	_____	_____
★ Automotive Repair Shops:	_____	_____	_____	_____
★ Car Wash Locations:	_____	_____	_____	_____

Number of Gasoline Service Stations or C stores that are: Full Service: _____ Self Service: _____ Open 24/7: _____

Are security camera on premises?: Yes No Are there liquor sales?: Yes No Beer and Wine only?: Yes No

Annual receipts from gas stations & C-Stores (excluding gasoline):\$ _____

Gradual Pollution and Sudden and Accidental Pollution Policy: Yes No If Yes, attach a copy of the dec page

Section VII

Bulk Plant

Provide the following details on each Bulk Storage Tank Location			
Location #:			
Types of Commodity Stored in Tank:			
Total # of Tanks Above Ground:			
Total # of Tanks Below Ground:			
Maximum capacity of largest tank at site:			
Total capacity of ALL tanks at site:			
Fencing around perimeter of property:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have a separate Pollution Policy in place at each of these sites if storing commodities other than LPG: Yes No
 If yes, does it cover: Gradual pollution along with Sudden & Accidental Pollution Yes No Specify limit \$ _____
 Are all above ground oil storage tanks protected by cement spill containment dikes? Yes No

Section VIII
Safety & Loss Control Provisions

Is there a formal safety director? Yes No Name: _____ Telephone: _____

- | | | |
|---|--|-----------------------|
| Do you have a formal written safety program in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, explain below |
| Is there a DOT compliant Drug Testing program in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, explain below |
| Is there an employee training program? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, explain below |
| Is there a Return to Work program? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, explain below |
| Is there a formal vehicle maintenance program? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, explain below |
| Does the Insured follow OSHA standard for promoting a safe workplace? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, explain below |
| Does the Insured conduct accident investigations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, explain below |
| Is the public kept at a safe distance from the Insured's work area? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, explain below |
| Has the Insured ever been cited for safety violations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain below |
| Is documentation of safety meetings maintained? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, explain below |

Explanation: _____

Pre-Employment Hiring Procedures include:

- Written Application: Yes No Reference Check: Yes No Criminal Background Check: Yes No
 Drug Screening: Yes No Physical Exam: Yes No Motor Vehicle Record Review: Yes No

Does the insured require all new drivers to do ride-alongs with experienced insured drivers? Yes No
 If Yes, for how many months: _____

What are your delivery driver's average length of experience driving fuel delivery vehicles? _____

What is the average employee/driver turnover over the last 3 years? _____%

Do you provide: Group Medical: Yes No Paid Sick Leave: Yes No Paid Vacation: Yes No

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Applicant

Broker

Name and Title

Name

Signature

Signature

Date

Date