

# Propane and Fuel Oil Dealers Supplemental Application

Applicant Name:

Requested Effective Date:

Insured's Website:

## 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 has 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	
			Yes	No

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

Name of Entity	DOT Number	MC Number

Insured Operations:	Operations		Gallons	Gross Revenue	Payroll
	Yes	No			
Fuel Oil				\$	\$
Propane				\$	\$
Gasoline				\$	\$
Diesel				\$	\$
HVAC				\$	\$
Gas Service Stations				\$	\$
Hauling for others				\$	\$
Terminal Facilities/ Throughput				\$	\$
Lubricants and Motor Oil				\$	\$
Other (Describe)				\$	\$
<b>Total</b>				\$	\$

Does the insured have Gasoline Service Stations &/Or Convenience Store Operations? If yes, please complete the separate Convenience Store Supplemental application.

Does the insured have any bulk plants? If yes, please complete the separate Bulk Storage Facilities Supplemental Application.

## II. Automobile Information

Does the insured plan to suspend liability coverage on vehicles during the policy period?  Yes  No

If yes, how many vehicles do you plan on suspending?

Does the insured have a formal written driving policy in place?  Yes  No

If yes, is the following driver qualification criteria included?

1. Drivers hold a valid United States driver's license and are at least 21 years old.  Yes  No
2. Drivers have the appropriate license (and endorsement) to operate the vehicle.  Yes  No
3. CDL drivers are at least 23 years of age.  Yes  No
4. Within the last five years, no major violations have occurred.  Yes  No

These include:

- a. Driving while intoxicated (DWI)
  - b. Driving under the influence of drugs (DUI)
  - c. Vehicular homicide, manslaughter, or negligent homicide arising out of the use of a motor vehicle
  - d. Aggravated assault with a motor vehicle
  - e. Using a motor vehicle in the commission of a felony
  - f. Speed contest or drag racing
  - g. Hit and run driving or leaving the scene of an accident
  - h. Failure to report or making a false report of an accident
  - i. Reckless or negligent driving or conduct
  - j. Using a fraudulent license
  - k. Refusing to stop or fleeing from a law enforcement officer
  - l. Driving with an invalid, revoked, or suspended license
5. Within the last three years, no more than one suspension of driving privileges that exceeds 60 days (cumulatively or continuously);
  6. Must not require a filing (e.g., FR-19, FR-44, or SR-22) to maintain driving privileges;
  7. Drivers under 25 years old must have clean driving records and may not take vehicles home;
  8. Drivers over 75 years of age with a commercial driver's license must have a valid medical certificate;

If no, a policy should be put into place within the first 90 days which includes the language note above.

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

% radius of operations within: 0-50 miles \_\_\_\_ % 51 – 200 miles \_\_\_\_ % Over 200 miles \_\_\_\_ % Furthest Insured will travel: \_\_\_\_\_ 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 \_\_\_\_\_

## II. Automobile Information

Are Owner-Operators used?  Yes  No If Yes:

- Number of Owner-Operators: \_\_\_\_\_

- Are COI's collected with insured as AI?  Yes  No

- 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

Are speed regulators used on any heavy trucks?  Yes  No

Is GPS telematics being utilized in any capacity?  Yes  No If yes, what percentage of the fleet is protected? \_\_\_\_\_%

Are front-facing, rear-facing, or dual vision cameras installed within the vehicle?  Yes  No

What alerts are sent (i.e. hard stop, speeding, etc)? Who reviews telematic data & how frequently? What coaching is done & frequency of coaching?

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?  Yes  No If Yes, answer A and B.

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:

## III. Oil Delivery and 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?

Does the insured have established spill control procedures which meet EPA and NFPA requirements?  Yes  No

Do you have a documented "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

Are tanks of new customers inspected during the first fill to verify tank capacity and the general condition of tank, pipes, and vents?  Yes  No

Do you perform wet hosing?  Yes  No If so, please explain below.

If yes, are the following safeguards in place?

- a. Utilization of a fleet fueling card?  Yes  No
- b. Documented fueling policy?  Yes  No
- c. Use fuel consumption software/ telematics?  Yes  No
- d. Have spill containment equipment in all delivery vehicles?  Yes  No
- e. Have fuel shut-off triggers?  Yes  No

Are float switches installed to monitor tank levels for all customers that are not on an automatic fuel oil delivery contract?  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 If yes, please describe:

Does the insured lease out properties?  Yes  No If yes, what are the operations of the tenants?

Does the insured have a formal contract in place which addresses additional insurance status in favor of the insured?  Yes  No

Are certificates of insurance obtained annually for each tenant confirming proper liability coverage is in place including AI endorsement?  Yes  No

\*Please attach a sample copy of a lease agreement that is being utilized in the insured's operations

## IV. HVAC and Related Operations

Do you provide any of the following?

Product	HVAC/Burner Systems	BBQ Grills	Wood/Coal/Propane Stoves	Swimming Pool Heaters	Appliances	Portable/Propane Heaters	Other:
Sales							
Installation							
Service							
Do you obtain a certificate of insurance from the mfg with at least \$1M limits? Yes or 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

## V. LPG / Propane

Do all employees that are involved in the sale, transport, or delivery of LP gas complete the "Basic Principles and Practices" curriculum for the

Certified Employee Training Program (CETP)?  Yes  No

Service Sectors: Residential: \_\_\_\_\_% Commercial: \_\_\_\_\_% Industrial: \_\_\_\_\_% Ag: \_\_\_\_\_%

Percent of customers that are: Automatic Fill: \_\_\_\_\_% Will Call: \_\_\_\_\_% Repeat Will Call: \_\_\_\_\_%

Please provide propane operation details:

Type of Customer	LPG Gallons	# of Customers
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:

Customer	Schools/Daycares	Hospitals/Nursing Homes	Hotels/Motels	Oil/Gas Rigs
Gallons				

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:

Name	Location	Do you obtain a certificate of insurance from the operator with at least \$1M limits?	Are you included as an additional insured on the operator's policy?	Do you have a contractual hold harmless agreement in your favor?
Yes or 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 If yes, are these procedures documented?  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

## VI. Safety and Loss Control Provisions

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

Email: \_\_\_\_\_

How many years has the safety director been in in this role? \_\_\_\_\_

Do you have a formal written safety program in place?  Yes  No If No, explain below.

How often updated? Who enforces and responsible for administrating? \_\_\_\_\_

Is there a DOT compliant Drug Testing program in place?  Yes  No If No, explain below.

Are all EE's screened or only drivers? \_\_\_\_\_

Is there an employee training program?  Yes  No If No, explain below.

If yes, who provides the training? \_\_\_\_\_

What areas/topics are covered? \_\_\_\_\_

Is training documented and attendance taken?  Yes  No If No, explain below.

Is a learning management system being utilized?  Yes  No If No, explain below.

What system? \*\*REMINDER- SafetyNow has a ILT and E-Learning segment- free to the insured.

Is there a Return to Work program?  Yes  No If No, explain below.

Is there a formal vehicle maintenance program?  Yes  No If No, explain below.

When are vehicles inspected?

Are inspections documented?  Yes  No If No, explain below.

If yes, who reviews? Who performs and when is maintenance performed?

Are maintenance records kept?  Yes  No If No, explain below.

Is FMCSA BASIC/SAFER information reviewed?  Yes  No If No, explain below.

If Yes, how frequently?

Does the Insured follow OSHA standard for promoting a safe workplace?  Yes  No If No, explain below.

Does the Insured conduct accident investigations?  Yes  No If No, explain below.

If yes, please describe your process/program:

Is the public kept at a safe distance from the Insured's work area?  Yes  No If No, explain below.

Has the Insured ever been cited for safety violations?  Yes  No If No, explain below.

Is documentation of safety meetings maintained?  Yes  No If No, explain below.

What is the frequency of the meetings?  Who is required to attend?

Is Attendance taken?  Yes  No If No, explain below.

**Explanation:**

## VI. Pre-Employment Hiring Procedures

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

What is the driver criteria?

Who runs and reviews MVR?

Please describe your driver safety program and training:

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 turnover over the last 3 years?  %

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

## VII. Signature

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**

Name and Title

Signature

Date

**Broker**

Name and Title

Signature

Date