

Bulk Storage 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

Insured Operations:

	Operations		Gallons	Gross Revenue	Payroll
	Yes	No			
Fuel Oil				\$	\$
Propane				\$	\$
Gasoline				\$	\$
Diesel				\$	\$
Gas Service Stations				\$	\$
Petroleum Distib. for others				\$	\$
Terminal Facilities/ Throughput				\$	\$
Other (Describe)				\$	\$

II. Bulk Plant

Provide the following details on each Bulk Storage Tank Location					
Location Number					
Types of Commodity Stored in Tank					
Total Number of Tanks Above Ground					
Total Number of Tanks Below Ground					
Maximum capacity of largest tank at site					
Total capacity of ALL tanks at site					
Fencing around perimeter of property					
	Yes	No	Yes	No	Yes

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

If no, why?

Are there plans underway to install?

Average age of the tanks and any renovations or updates made to the tanks?

Is outdoor lighting activated during "off hours"?

Is the property monitored by video surveillance?

Does the insured allow third parties to pull product from any of their bulk plants?

III. Above Ground Storage Tanks

What percentage of tanks are double walled tanks?

Are containment barriers adequate enough to contain the contents of the largest container plus 10%? Yes No

Are tanks spaced at least 3 feet apart? Yes No

Are tanks at least 25 feet from any buildings or other structures? Yes No

Is access to tanks secured to unnecessary personnel? Yes No

Are tanks routinely maintained and inspected with proper documentation? Yes No

Are tanks inspected by a professional engineer when required? Yes No

Are tank levels, conditions, etc. remotely monitored? Yes No

If yes, which system/software is used?

Explanation:

IV. Below Ground Storage Tanks

Are tanks filled to a maximum of 90% of capacity? Yes No

Are overfill devices installed for all tanks? Yes No

Is ultrasonic testing ever done on any of your tanks? Yes No

Are tank levels, conditions, etc. remotely monitored? Yes No

If yes, which system/software is used?

Explanation:

V. Safety and Loss Control Provisions

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

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?

Do you have a SPCC Plan in place? Yes No

If No, explain below.

Do you have a natural disaster response plan in place? Yes No

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: Who provides training?- what areas/topics? Training documented and attendance taken?

Is safety training conducted on a regular basis for all employees? Yes No

If No, explain below: Who provides training? Frequency of training?

Is there a Return to Work program? Yes No

If No, explain.

Do you have employees on staff trained in confined space entry? Yes No

If No, explain below. Is there a formal Confined Space Entry Program in place that includes entry, exit, PPE, rescue/emergency response, testing, etc?

Who are the employees authorized to enter confined spaces?

Frequency of training? And who trained?

Is there a formal vehicle maintenance program? Yes No

If No, explain below. When are vehicles inspected? Are inspections documented? If yes, who reviews? Who performs and when is maintenance performed?

Are maintenance records kept?

Is FMCSA BASIC/SAFER information reviewed? 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

What are the details of the process/program (this includes first report and investigation of the accident)

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

This should be verified by UW using OSHA's establishment search

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

Frequency of meetings? Who required to attend? Attendance taken?

Are all tanks routinely inspected and documented? Yes No If No, explain below

Are all tanks less than 25 years old? Yes No If No, explain below

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 & reviews MVR?

Describe 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/driver 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