

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

Fuel Dealers Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)
All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period ____ to ____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

OPERATIONS & TRANSPORT

1. Is owner active in the management of operations? Yes No

2. Does applicant haul any product that he does not own? Yes No

If yes, what percentage ____ % and type of product _____

3. List membership in any professional associations:

4. Is each employee trained in premises emergency procedures in event of fires or leaks? Yes No

5. Does applicant have a written emergency spill plan for drivers? Yes No

6. Does applicant comply with all DOT and other regulatory requirements? Yes No

7. What is the percentage of driver turnover?

Less than 10%

10% - 50%

50% +

8. Describe training procedures for new drivers:

9. Describe any continuing education programs in place.

OPERATIONS & TRANSPORT (Continued)

10. Does the applicant use independent owner / operators? Yes No
 If owner / operator's are used, are certificates of insurance including applicant as Additional Insured required? ... Yes No
11. How many weekly trips are over 50 miles?
12. Does the applicant operate over a 200 miles radius? Yes No
13. How many drivers? UNDER 25 OVER 60
14. Does the applicant deliver aviation fuel? Yes No
15. Does the applicant deliver any racing fuel?..... Yes No
16. Does the applicant deliver fuel to marinas? Yes No
17. Does the applicant perform direct fueling of any watercraft? Yes No
18. Does the applicant handle Gasohol or any alcohol blended products?..... Yes No
19. Does applicant leave tanker truck on premises of others for their own dispensing? Yes No

20. **FUEL TYPES:** check all that apply

FUEL TYPES	ANNUAL GALLONS
<input type="checkbox"/> Wholesale distribution of gasoline & diesel fuels	_____
<input type="checkbox"/> Retail sales of gasoline & diesel fuels	_____
<input type="checkbox"/> Bulk oil distribution sales	_____
<input type="checkbox"/> Fuel oil for residential home heating	_____
<input type="checkbox"/> Retail sales of LPG	_____
<input type="checkbox"/> Wholesale distribution of LPG	_____
<input type="checkbox"/> Tank exchange services or sales through retail outlets.....	_____
Gross annual sales from all operations	_____

21. **FUEL STORAGE:** Complete if applicant owns any storage tanks.

STORAGE TANKS – GENERAL INFORMATION								
Loc #	CAPACITY	AGE	ABOVE OR BELOW GROUND	ON SADDLES OR CONCRETE PADS	TYPE OF MONITORING SYSTEM	CONSTRUCTION OF TANKS	CONSTRUCTION OF DIKE	FENCED YES/NO

OPERATIONS & TRANSPORT (Continued)

LIST EACH TANK SEPARATELY

21 a. Any exposure to streams, rivers, lakes or other water sources? Yes No
If yes, give complete description of exposures. _____

b. Using a separate piece of paper, draw a diagram indicating location of each tank and distance between tanks, the type of property on all four sides of each location including the distance in feet from the tanks.

22. If no tanks are owned, describe where applicant obtains their product for distribution.

LIQUID PETROLEUM (LP) SERVICES

1. Does applicant sell, service, repair or install:

Space Heaters	<input type="checkbox"/> Repair	<input type="checkbox"/> Sales	<input type="checkbox"/> N/A
Water Heaters	<input type="checkbox"/> Repair	<input type="checkbox"/> Sales	<input type="checkbox"/> N/A
Gas Grills	<input type="checkbox"/> Repair	<input type="checkbox"/> Sales	<input type="checkbox"/> N/A
Heating or AC Systems	<input type="checkbox"/> Repair	<input type="checkbox"/> Sales	<input type="checkbox"/> N/A
Other LPG Appliances	<input type="checkbox"/> Repair	<input type="checkbox"/> Sales	<input type="checkbox"/> N/A
Total sales from above appliances		\$ _____	
Total payroll from service / installation		\$ _____	

2. Does applicant perform any propane gas carburetion work? Yes No
Total Sales \$ _____

3. How are customers for LP delivery set up?
 Automatic Fill _____ % Will Call _____ %

4. Does applicant provide any bottle filling operations? Yes No

5. Are scales used when filling bottles? Yes No

6. Does applicant distribute propane gas by underground mains or pipes? Yes No

7. Does applicant participate in a gas check system? Yes No
If yes, describe _____

8. Does applicant sell anhydrous ammonia, butane or other gas? Yes No
If yes, what type? _____ Annual Gallons _____

9. Describe the New Customer policy & **attach** any copies of pre-survey.

10. Describe the "Out of Gas" policy.

LIQUID PETROLEUM (LP) SERVICES (Continued)

- 11. Are all employees, who dispense gas, trained? Yes No
- 12. How are the tanks protected from vehicle damage?
- 13. Does applicant verify odorant in gas when dispensing at point of purchase & distribution? Yes No
- 14. Describe cylinder and regulator inspection procedures.

- 15. Does applicant use a 'yellow tag' or similar system to notify the customer tank has been filled? Yes No

FUEL OIL SERVICES

- 1. Does applicant do removal or replacement of customers underground tank? Yes No
- 2. Does applicant provide any environmental remediation services?..... Yes No
- 3. Indicate how customers are set up and the percentage:
 - Automatic Fill _____%
 - Will Call _____%
- 4. Does applicant confirm obsolete fill pipes are properly capped prior to pumping? Yes No

Describe procedure for verifying customer tank capacity. _____

- 5. Describe the New Customer policy & **attach** any copies of pre-survey.

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date