

Employer Name: \_\_\_\_\_

Website: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

#### Payroll, Premium & Experience Mod History

Please fill in the correct amount for each of the following:

| Category       | Expiring Year | Prior (1) | Prior (2) | Prior (3) | Prior (4) |
|----------------|---------------|-----------|-----------|-----------|-----------|
| Payroll        |               |           |           |           |           |
| Premium        |               |           |           |           |           |
| Experience Mod |               |           |           |           |           |

#### Applicant Information

1. Percent of Fuel Delivered to:  
 Commercial Customers: \_\_\_\_\_ % Residential Customers: \_\_\_\_\_ %

2. FEIN: \_\_\_\_\_

3. Date Established: \_\_\_\_\_

4. Proposed policy effective date: \_\_\_\_\_

5.

| Year | Governing Class Code | Historical Payroll | Total Premium |
|------|----------------------|--------------------|---------------|
|      |                      |                    |               |
|      |                      |                    |               |
|      |                      |                    |               |

6. Business Operations – Check any that apply:

Auto Service

Convenience Stores

Bulk Oil Sales

Propane Distribution

Bulk Storage

Propane Storage

- Common Carrier  Tractor Trailers  
 Home Heating Fuel  Other \_\_\_\_\_

7. Any other entities, subsidiaries, joint ventures or partnerships associated with applicant?  Yes  No

8. Hiring and Safety Practices (check all that apply and provide additional explanation):

- |   |   |
|---|---|
| <input type="checkbox"/> Written Job Descriptions                     | <input type="checkbox"/> Written Application        |
| <input type="checkbox"/> Background Checks                            | <input type="checkbox"/> Pre-hire Physicals         |
| <input type="checkbox"/> Medical Insurance                            | <input type="checkbox"/> Return to Work Program     |
| <input type="checkbox"/> Safety Training                              | <input type="checkbox"/> Random Drug Testing        |
| <input type="checkbox"/> Post-Accident Drug Testing                   | <input type="checkbox"/> Disciplinary Procedures    |
| <input type="checkbox"/> Documented Interviews                        | <input type="checkbox"/> Reference Checks           |
| <input type="checkbox"/> Annual MVR Checks                            | <input type="checkbox"/> Pre-hire Drug Testing      |
| <input type="checkbox"/> Union Employees                              | <input type="checkbox"/> Written Safety Manual      |
| <input type="checkbox"/> Pre-Hire Drug Testing                        | <input type="checkbox"/> For Suspicion Drug Testing |
| <input type="checkbox"/> Accident Investigation                       | <input type="checkbox"/> Claim Reporting Procedures |
| <input type="checkbox"/> Subcontractors used. (Please specify types.) |   |

9. Do you keep certificates of Workers Compensation Insurance for all subcontractors?  Yes  No

**Specific Exposures: Please provide any necessary additional information**

10.

Is fuel brought in or delivered by barge, boat, or railcar?  Yes  No

Any direct fueling of aircraft, watercraft, or locomotives?  Yes  No

Any hauling or disposing of waste oil?  Yes  No

Operations involving anhydrous ammonia?  Yes  No

Any sale of racing fuel?  Yes  No  
\_\_\_\_\_ %

Operations in foreign countries?  Yes  No

Any HVAC installation or service?  Yes  No  
\_\_\_\_\_ %

Are shut-off valves clearly visible?  Yes  No

Are tanks marked for contents?  Yes  No

Are electrical switches explosion proof?  Yes  No

Are all vehicles in compliance with DOT regulations?  Yes  No

Any installation of underground fuel tanks?  Yes  No

Are lines, meters, and pumps tagged or color coded?  Yes  No

Do you have a written emergency plan for fuel leaks and/or fires?  Yes  No

**Bulk Plant Physical and Operations Characteristics: Please provide additional information if necessary**

11.

Is perimeter fencing in place?  Yes  No

Are tanks grounded during loading/ unloading?  Yes  No

Outdoor lighting after business hours?  Yes  No

Premises monitored by video surveillance?  Yes  No

Does loading rack have spill containment system in place?  Yes  No

Are all above ground storage tanks protected by containment dikes?  Yes  No

Fire Alarms in place?  Yes  No

Sprinkler Systems in place?  Yes  No

Smoking allowed only in restricted designated area away from loading?  Yes  No

Do any third parties pull product from bulk storage facilities?  Yes  No

Any one tank greater than 50,000 storage capacity?  Yes  No

Any one LP tank greater than 30,000 storage capacity?  Yes  No

**Fleet Operations: Copy of all formal Fleet Policies must be submitted with Supplemental**

12. # of Drivers: \_\_\_\_\_

13.

Written policy is provided, signed, and on file for all employees?  Yes  No

Driving Standards:

Company specific driver training completed for all new hires?  Yes  No

No DUI, racing, hit and run, 20 over posted speed, or manslaughter?  Yes  No

Do you act as a common or contract carrier and haul fuel for others?  Yes  No

No more than 2 moving violations within the past 3 years?  Yes  No

Any past vehicle theft?  Yes  No

No truck drivers under age 25?  Yes  No

Are you listed as an additional insured on common carrier's policy?  Yes  No

1 or fewer at fault accidents within in the past 3 years?  Yes  No

Personal use of company vehicles?  Yes  No

Less than 2 years driving experience?  Yes  No

Haul any product other than fuel?  Yes  No

Use of speed regulators or GPS?  Yes  No

Do you use common carriers?  Yes  No

Operate between 11pm – 5am?  Yes  No

14. Describe ongoing driver training: \_\_\_\_\_

15. Average one-way distance traveled by delivery unit: \_\_\_\_\_ Farthest one-way distance travelled by delivery unit: \_\_\_\_\_

16. What is the annual turnover % (# of new drivers in the past 12 months divided by total # of drivers)? \_\_\_\_\_

17. Describe Types of Fleet Vehicles:

| Year | Type of Vehicle (tankers, etc.) | Capacity | Total Vehicles |
|------|---------------------------------|----------|----------------|
|      |                                 |          |                |
|      |                                 |          |                |
|      |                                 |          |                |
|      |                                 |          |                |
|      |                                 |          |                |
|      |                                 |          |                |

**Home Delivery Operations: Complete this section only if home delivery operations apply**

1. What percent of home delivery options are: Will Call: \_\_\_\_\_ % Automatic: \_\_\_\_\_ %

2. What percent of the customer base are full service accounts? \_\_\_\_\_

3. Are after-hours emergency services provided?  Yes  No

If yes, how often? \_\_\_\_\_

Specific Exposures: Please provide any necessary additional information

- 4.
- |  |  |   |  |
|--|--|---|--|
| Any at-fault spill claims in the past 5 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there a mandatory wheel chock policy in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are spill kits on all trucks?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are customer tanks and piping inspected?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Convenience Store Operations: Complete this section only if convenience store operations apply

1.

|                         | Owned by the Insured | Operated by the Insured | Hours of Operation | # of Employees | % Turnover |
|-------------------------|----------------------|-------------------------|--------------------|----------------|------------|
| Convenience Stores      |                      |                         |                    |                |            |
| Service Stations        |                      |                         |                    |                |            |
| Truck Stops             |                      |                         |                    |                |            |
| Other Retail Operations |                      |                         |                    |                |            |

2. Safety Training – Check any that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Safe Robbery Response Protocol    | <input type="checkbox"/> Alcoholic Beverage Sales |
| <input type="checkbox"/> Workplace Violence                | <input type="checkbox"/> Fire Safety & Prevention |
| <input type="checkbox"/> Prevention of Slips, Trips, Falls | <input type="checkbox"/> Manual Material Handling |

3. Do any of the facilities have car wash operations?  Yes  No
- If yes, how many? \_\_\_\_\_

4. Do any of the facilities have restaurant or fast-food exposure?  Yes  No
- If yes, how many? \_\_\_\_\_

- 5.
- |  |  |  |  |
|--|--|--|--|
| Exhaust Hood with metal baffle-type filters? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Exhaust Hood and duct cleaned regularly by a professional service?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hood Filters cleaned monthly?                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Deep fryer protected by automatic wet chemical extinguishing system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Specific Exposures: Please provide any necessary additional information

- 6.
- |                            |  |                              |  |
|----------------------------|--|------------------------------|--|
| Restrooms located outside? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Firearm sales?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hard liquor sales?         | <input type="checkbox"/> Yes <input type="checkbox"/> No | On-site alcohol consumption? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Telephone on premises?     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Security system?             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Video surveillance?        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hold up alarm?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fire extinguishers and     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Emergency shut-off switch?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bullet proof glass for     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Drop safe?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Armed attendants?          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Security guards onsite?      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Propane Gas (Liquefied Petroleum Gas) Operations: Complete this section only if LPG operations apply**

1. Annual Gallons of LPG sold:  
 Gallons bulk delivery: \_\_\_\_\_ Gallons 20lb Cylinders: \_\_\_\_\_
- 
2. Customer Base (check all that apply):
- |  |   |
|--|---|
| <input type="checkbox"/> Homeowners                | <input type="checkbox"/> Rental Properties      |
| <input type="checkbox"/> Hospitals / Nursing Homes | <input type="checkbox"/> Agricultural           |
| <input type="checkbox"/> Schools                   | <input type="checkbox"/> Trailer Parks          |
| <input type="checkbox"/> Hotels                    | <input type="checkbox"/> Campgrounds            |
| <input type="checkbox"/> Industrial Plants         | <input type="checkbox"/> Military Installations |
| <input type="checkbox"/> Poultry Brooders          | <input type="checkbox"/> Marinas                |
| <input type="checkbox"/> Oil Well Rigs             | <input type="checkbox"/> Aviation               |
| <input type="checkbox"/> Other _____               |   |

Specific Exposures: Please provide any necessary additional information

3. Specific Exposures: Please provide any necessary additional information
- |                                      |  |  |  |
|--------------------------------------|--|--|--|
| Individual customer files kept?      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bulk Delivery by tractor trailer?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Transfer LP gas from truck to truck? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cylinder inspection procedures in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Certified Employee Training Program (CETP) or equivalent?  Yes  No

Any cylinders filled directly from Bobtail?  Yes  No  
Number \_\_\_\_\_

LPG or Natural Gas Conversion work completed?  Yes  No

Sales of non-odorized LP gas?  Yes  No

Bulk LPG storage?  Yes  No

Fire prevention program and equipment?  Yes  No

Tank size? \_\_\_\_\_

Are tanks fenced?  Yes  No

Refurbish or repair tanks?  Yes  No

#### Applicant Signature

**Notice:** This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to provide the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the Company reserves the right to modify or withdraw any offer for insurance.

**Fraud Warning:** 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 act, which is a crime and may subject such person to criminal and civil penalties.

Applicant Name: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_

Date: \_\_\_\_\_