

## Propane and Fuel Oil Dealers Supplemental

Broker: \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Insured's Email: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_  
 City, State: \_\_\_\_\_  
 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):

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Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ If Union, % of participation: \_\_\_\_\_  
 Group Medical Provided:  Yes  No Paid Sick Leave:  Yes  No Paid Vacation:  Yes  No

#### 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/Diesel:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
Bulk Oil	<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	_____	\$ _____	\$ _____
Automotive Repair:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
Car Wash:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
Terminal Facilities/Wholesale:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
Other (Describe Above):		_____	\$ _____	\$ _____
		_____	\$ _____	\$ _____
		_____	\$ _____	\$ _____
		<b>Total:</b>	\$ _____	\$ _____

### Section II Automobile Information

Type:	# Local (0-50 mi)	# Intermediate (50-200 mi)	# Long Haul (200+ mi)
Fuel Oil Trucks:	_____	_____	_____
Propane Delivery Trucks:	_____	_____	_____
Propane Tanker Trucks:	_____	_____	_____
Gasoline Tanker Trucks:	_____	_____	_____
Gasoline Tanker Trailers:	_____	_____	_____
Tow Trucks:	_____	_____	_____

Percentage of Product Hauled: Fuel Oil: \_\_\_\_\_% Propane: \_\_\_\_\_% Gasoline/Diesel: \_\_\_\_\_%  
 Waste Oil: \_\_\_\_\_% Other: \_\_\_\_\_%

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

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

If Yes explain how many, how often, and by whom: \_\_\_\_\_

Maximum # of vehicles parked at a single location: \_\_\_\_\_

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### Section III

#### Fuel Oil Delivery, HVAC & Related Operations

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

% of customers that are: Automatic Fill: \_\_\_\_\_% Call in: \_\_\_\_\_%

Operations

If yes, circle ALL that apply:

HVAC / Burner Unit:

Yes  No

Installation      Sales      Service

How are deliveries verified to avoid wrong deliveries? \_\_\_\_\_

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

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

### Section IV

#### LPG / Propane

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

Please provide propane operation details:

<u>Type of Customer</u>	<u>LP Gallons</u>	<u># of Customers</u>
Bottle Fill / Cylinder Exchange	_____	_____
Drop Shipped – picked up from non-owned terminal and delivered direct to wholesaler	_____	_____
Brokerage –paper transactions only – no physical possession of product	_____	_____
Tank Leasing operations	_____	_____
Other: _____	_____	_____

Do any Vehicles convert propane to 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	_____
Other	_____		

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

If yes, describe: \_\_\_\_\_

Check applicable operations and provide receipts:

<u>Product</u>	<u>Sell</u>	<u>Install</u>	<u>Service</u>	<u>Do you obtain a vendors coverage from the mfg with at least \$1,000,000 limits?</u>
HVAC Systems				<input type="checkbox"/> Yes <input type="checkbox"/> No
BBQ Grills				<input type="checkbox"/> Yes <input type="checkbox"/> No
Wood/Coal or Propane Stoves				<input type="checkbox"/> Yes <input type="checkbox"/> No
Spas/Hot Tubs				<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Pools				<input type="checkbox"/> Yes <input type="checkbox"/> No

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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

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

If yes, please attach a copy to this application.

Do you test for carbon monoxide for your customers?:  Yes  No

Are employees trained in plant emergency procedures in the event of a fire or leak?:  Yes  No

Do you operate, or allow others to operate bottle fill dispensing stations?  Yes  No

If yes, list all locations that you operate. \_\_\_\_\_

How are bottles filled? By weight \_\_\_\_\_% Volumetric \_\_\_\_\_% Other \_\_\_\_\_%

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 mfg with at least \$1,000,000 limits?	Are you included as an additional insured on the mfg's policy?	Do you have a contractual hold harmless agreement in your favor?
		<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:		

In your estimation, what percentage of your customer files will 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.

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

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### Section V

#### 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 If Yes, annual receipts: \$ \_\_\_\_\_

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

★ **Other In-force Insurance** (Please provide details & complete the Auto Repair/ Car Wash Supplemental where applicable)

Garage Keepers Liability Policy:  Yes  No If Yes, Policy #, Carrier and Expiration: \_\_\_\_\_

Garage Liability Policy:  Yes  No If Yes, Policy #, Carrier and Expiration: \_\_\_\_\_

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

### Section VI Tank Storage

Type:	# of Tanks Above Ground	Gallon Capacity	# of Tanks Below Ground	Gallon Capacity
Fuel Oil:	_____	_____	_____	_____
Propane/LPG:	_____	_____	_____	_____
Gasoline/Diesel:	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<b>Total:</b>	_____	_____	_____	_____

What is the distance to third party adjacent exposures, including rivers and other bodies of water?: \_\_\_\_\_

Any installation or removal of underground storage tanks in the past, present or planned in next 5 years?:  Yes  No If Yes, please provide separate details.

### Section VII

#### Safety & Loss Control Provisions

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

Does the Insured have a GAS check program?  Yes  No If No, explain below

Is there a formal safety program?  Yes  No If No, explain below

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

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

Are MVR's checked prior to hiring and monitored annually?  Yes  No If No, explain below

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

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- |   |  |                      |
|---|--|----------------------|
| Are pre-employment drug screens performed?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, explain below |
| Does the Insured have a Certified Drug-Free workplace?                  | <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 all the Insured's work area? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, explain below |
| Is all equipment in good conditions?                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, explain below |
| Are premises in good condition and well maintained?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, explain below |

Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is the delivery driver's average length of experience driving fuel delivery vehicles? \_\_\_\_\_

- |   |  |                       |
|---|--|-----------------------|
| Is the Insured currently involved in any open litigation?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain below |
| Is the Insured aware of any situation that may result in future litigation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain below |
| Has the Insured ever been cited for safety violations?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain below |

Explanation: \_\_\_\_\_  
 \_\_\_\_\_

### FRAUD STATEMENT

**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. SEE BELOW FOR STATE SPECIFIC FRAUD STATEMENTS.**

#### STATE SPECIFIC FRAUD STATEMENTS:

##### FRAUD STATEMENT TO ALABAMA APPLICANTS:

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

##### FRAUD STATEMENT TO ARIZONA APPLICANTS:

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

##### FRAUD STATEMENT TO COLORADO APPLICANTS:

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 settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

##### FRAUD STATEMENT TO DISTRICT OF COLUMBIA APPLICANTS:

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**WARNING:** It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

### FRAUD STATEMENT TO IDAHO APPLICANTS:

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

### FRAUD STATEMENT TO KANSAS APPLICANTS:

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 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.

### FRAUD STATEMENT TO KENTUCKY APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

### FRAUD STATEMENT TO MAINE APPLICANTS:

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.

### FRAUD STATEMENT TO MARYLAND APPLICANTS:

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

### FRAUD STATEMENT TO MINNESOTA APPLICANTS:

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### FRAUD STATEMENT TO NEW HAMPSHIRE APPLICANTS:

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### FRAUD STATEMENT TO NEW JERSEY APPLICANTS:

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

### FRAUD STATEMENT TO NEW MEXICO APPLICANTS:

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.

### FRAUD STATEMENT TO OHIO APPLICANTS:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### FRAUD STATEMENT TO OKLAHOMA APPLICANTS:

**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.

### FRAUD STATEMENT TO OREGON APPLICANTS:

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.

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In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
  - 1. Material to the risk assumed by us; or
  - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

### FRAUD STATEMENT TO PENNSYLVANIA APPLICANTS:

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 subjects such person to criminal and civil penalties.

### FRAUD STATEMENT TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:

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

### Applicant

### Broker

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date