

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 Insured's operations (Include all entities and reference entities to be excluded, if any):

Narrative:

Years in Business:

No. of Employees:

If Union, % of Participation:

Group Medical Provided: Yes No

Paid Sick Leave: Yes No

Paid Vacation: Yes No

Insured Operations:

| Type | Operations | Gallons | Gross Revenue | Payroll |
|-----------------------------------|--|----------------------|----------------------|----------------------|
| Fuel Oil | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Propane | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gasoline/Diesel | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bulk Oil | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| HVAC | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gas Service Station | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Petroleum Distribution for Others | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Automotive Repair | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Car Wash | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Terminal Facilities/Wholesale | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other (Describe Below) | | | | |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Totals | | | <input type="text"/> | <input type="text"/> |

Section II: Automobile Information

| Type | # Local (0-50 mi) | # Intermediate (50-200 mi) | # Long Haul (200+ mi) |
|--------------------------|----------------------|----------------------------|-----------------------|
| Fuel Oil Trucks | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Propane Delivery Trucks | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Propane Tanker Trucks | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gasoline Tanker Trucks | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gasoline Tanker Trailers | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Two Trucks | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

Does Insured haul for Others? Yes % Other: 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:

Section III: Fuel Oil Delivery, HVAC & Related Operations

Service Sectors: Residential %: Commercial %: Industrial %:

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

| | Operations | If YES, indicate all that apply | | |
|------------------|--|---------------------------------------|--------------------------------|----------------------------------|
| HVAC/Burner Unit | <input type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> Installation | <input type="checkbox"/> Sales | <input type="checkbox"/> Service |

How are deliveries verified to avoid wrong deliveries?

Does insured pre-inspect location and tank prior to 1st 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

| Type of Customer | LP Gallons | # of Customers |
|---|----------------------|----------------------|
| Bottle Fill / Cylinder Exchange | <input type="text"/> | <input type="text"/> |
| Drop Shipped - picked up from non-owned terminal and delivered direct to wholesaler | <input type="text"/> | <input type="text"/> |
| Brokerage - paper transactions only - no physical possession of product | <input type="text"/> | <input type="text"/> |
| Tank Leasing Operations | <input type="text"/> | <input type="text"/> |

Other:

Do any vehicles convert propane to LPG? Yes No

If YES, provide details:

Do you distribute Propane by means of underground mains or pipes (Jurisdictional Propane Systems) Yes No

If YES, provide details:

Provide gallons sold to:

| Customer | Gallons | Customer | Gallons |
|-------------------------|----------------------|---------------|----------------------|
| Schools/Daycare | <input type="text"/> | Hotels/Motels | <input type="text"/> |
| Hospitals/Nursing Homes | <input type="text"/> | Oil/Gas Rigs | <input type="text"/> |
| Other | <input type="text"/> | | <input type="text"/> |

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

If YES, provide details:

Check applicable operations and provide receipts:

| Product | Sell | Install | Service | Do you obtain a vendors coverage from the Mfg., with at least \$1,000,000 limits: | |
|-----------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|
| HVAC Systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| BBQ Grills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| Wood/Coal or Propane Stoves | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| Spas/Hot Tubs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| Swimming Pools | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| Appliances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| Portable/propane Heaters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Yes | <input type="radio"/> No |

Do you have a written rental agreement/contract for any of the above products leased or rented? Yes No (If YES, attach 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 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="text"/> | <input type="text"/> | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="text"/> | <input type="text"/> | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="text"/> | <input type="text"/> | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |

Do you require your staff to do, and document, leak tests for the following:

| Type of Situation / Customer | Yes | No | Type of Situation / Customer | Yes | No |
|------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Out-of-Gas | <input type="checkbox"/> | <input type="checkbox"/> | Large Assembly (Schools, Churches, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Change in Tenant | <input type="checkbox"/> | <input type="checkbox"/> | Other - Describe: | | |
| Service Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |

In your estimation, what percentage of your customer files will contain documented evidence that a leak test has been performed?

Attach 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 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 regulations that are over 15 years old? Yes No

Section V: Gasoline Service Stations and/or Convenience Store Operations

| Indicate the number of locations by Type | Owned | Operated | Leased | Total |
|--|----------------------|----------------------|----------------------|----------------------|
| Gasoline Service Stations w/ C-Store | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gasoline Services w/o C-Store | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| C Stores (not at Gasoline Service Station) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| * Automobile Repair Shops | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| * Car Wash Locations | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Number of Gasoline Service Stations or C-Stores that re: Full Service: Self Service: Open 24/7:

Are security cameras 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 and 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 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Propane / LPG | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gasoline / Diesel | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other: | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

What is the distance to third part 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, provide separate details.

Section VII: Safety & Loss Control Provisions

Is there a formal safety director? Yes No

Name:

Phone:

- | | | |
|---|--|----------------------|
| Does the Insured have a GAS Check program? | <input type="radio"/> Yes <input type="radio"/> No | If NO, explain below |
| Is there a formal safety program? | <input type="radio"/> Yes <input type="radio"/> No | If NO, explain below |
| Is there an employee training program? | <input type="radio"/> Yes <input type="radio"/> No | If NO, explain below |
| Is there a Return to Work program? | <input type="radio"/> Yes <input type="radio"/> No | If NO, explain below |
| Are MVR's checked prior to hiring and monitored annually? | <input type="radio"/> Yes <input type="radio"/> No | If NO, explain below |
| Is there a formal vehicle maintenance program? | <input type="radio"/> Yes <input type="radio"/> No | If NO, explain below |
| Are pre-employment drug screens performed? | <input type="radio"/> Yes <input type="radio"/> No | If NO, explain below |
| Does the Insured have a Certified Drug-Free workplace? | <input type="radio"/> Yes <input type="radio"/> No | If NO, explain below |
| Does the Insured follow OSHA standard for promoting a safe workplace? | <input type="radio"/> Yes <input type="radio"/> No | If NO, explain below |
| Does the Insured conduct accident investigations? | <input type="radio"/> Yes <input type="radio"/> No | If NO, explain below |
| Is the public kept at a safe distance from all the Insured's work area? | <input type="radio"/> Yes <input type="radio"/> No | If NO, explain below |
| Is all Equipment in good condition? | <input type="radio"/> Yes <input type="radio"/> No | If NO, explain below |
| Are premises in good condition and well maintained? | <input type="radio"/> Yes <input type="radio"/> No | If NO, explain below |

Explanation:

What is the delivery driver's average length of experience during fuel delivery vehicles?

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

Explanation:

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall, dependent upon applicable statute, be grounds for imprisonment, fines or rescission of the insurance policy.

Signature of Applicant

Signature of Broker

Name & Title:

Name & Title:

Date Signed:

Date Signed: