

Agent Name:
Agent Address:

Contact:
Phone #

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.

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 ____

OPERATIONS & TRANSPORT (Continued)

- 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.

