

Rockwood Casualty Insurance Company  
Workers' Compensation  
Fuel Oil Dealers Supplement

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

**General**

1. List all Named Insureds and a brief description of operations of each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How many years in business under this name? \_\_\_\_\_

3. How many years experience in the fuel oil business? \_\_\_\_\_

**Operation**

1. Besides the delivery of fuel oil is the insured engaged in the delivery of any other product or any other operations? If so please list below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If the insured is delivering any other product please provide a breakdown of the products hauled and the percentage of each.

Product hauled	Percentage	Product hauled	Percentage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. If the insured operates Convenience Stores what are the hours of operation? \_\_\_\_\_  
If 24 hours please describe the precautions taken to protect the employees during the night hours.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does the insured offer 24-hour emergency repair services? \_\_\_\_\_

5. Is the insured involved in storage tank removal or repair? If yes describe below.

\_\_\_\_\_  
\_\_\_\_\_

**Employee Information**

1. Does the insured order Motor Vehicle Reports on all Drivers? \_\_\_\_\_

2. Does the insured lease employees? \_\_\_\_\_

3. Does the insured use Independent Owner/Operators?  
Number \_\_\_\_\_ Are Certificates obtained reflecting WC Coverage \_\_\_\_\_  
Explain what they are hauling? \_\_\_\_\_

\_\_\_\_\_