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| **APPLICANT:**Insured Name      *(Include all owned entities, dba names, additional named insureds, individual insureds, if any)*  Insured is: [ ] Individual [ ] Partnership [ ] Corporation |
| Effective Date  | Years in Business Under this Name:  | Years of Experience in this Field:  |
| DOT #:MC# |            | Are Federal Filings Required? [ ] Yes [ ] No If yes, list required filings:      Are State Filings Required? [ ] Yes [ ] No If yes, list required filings by state:       |
| Has the applicant ever filed for bankruptcy under this or prior name? [ ] Yes [ ] No Has the applicant ever operated under any other name? [ ] Yes [ ] No If yes, state the reason for the name change.      Does the applicant have any Subsidiaries? [ ] Yes [ ] No If yes, provide details of relationship.       |

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| **DESCRIPTION OF OPERATIONS:**List All Operations You Perform And Associated Annual Gallons*:*      Fuel Distributor/Dealer      LPG      Propane Distributor/Dealer      Home Heating Fuel      C-Stores and Retail Service Stations      Aviation Fuel      Marina Delivery/Direct Fueling of Watercraft      All Other (**be specific**): Does the applicant haul any products other than fuel, bulk oil, or propane? [ ] Yes [ ] No If yes, list details:       Provide estimate of the operation for the next year: Driver Payroll:       Non-driver Payroll (exclude clerical, sales & owners):       Number of Employees:

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| **Power Unit HISTORY:** List the number of power units at policy expiration:

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| **2019-2020** | **2018-2019** | **2017-2018** | **2016-2017** | **2015-2016** |
|       |       |       |       |       |

 **SCOPE OF OPERATIONS:**Average Trip:      miles Max Trip:      miles Describe the general geographical area(s) of operations:

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| Describe Radius Of Operations *(total must equal 100%):*      % 0-50 miles     % 51-300 miles     % 301-1000 miles     % 1,001+ miles | Describe Driving (*total must equal 100%):*      % Urban Areas     % Suburban Areas      % Interstate     % Rural |

Describe security at Garaging Location *(check all that apply):*

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| [ ] Units locked when not in use |  | [ ]  Keys kept in lock box |  | [ ]  Well lit lot |
| [ ]  Fenced lot |  | [ ]  Commercial area |  | [ ]  Residential area  |
| [ ] Other:       |

What is the maximum value of vehicles parked at any one location? $     **EQUIPMENT TELEMATICS:**Are units equipped with GPS? [ ] Yes [ ] No If no, are you willing to install GPS? [ ] Yes [ ] No  If yes, when was GPS implemented?       If yes, what driving behavior is monitored:  [ ] None [ ] Speed [ ] Acceleration [ ] Braking [ ] Cornering [ ] Location Other:      Are units equipped with dash cameras? [ ] Yes [ ] No If no, are you willing to install dash cams? [ ] Yes [ ] No If yes, when were dash cams implemented        Describe camera locations: [ ] Dashboard Driver Facing [ ] Dashboard Forward Facing [ ] Rear Facing  Describe recording methods: [ ] Critical Events [ ] Continuous Loop Other:      Are units equipped with Advanced Driver Assistance Systems? [ ] Yes [ ] No If yes, what features are included:  [ ] Collision Avoidance [ ] Blind Spot Detection [ ] Lane Departure Warning [ ] Adaptive Cruise Control  [ ] Stability Control System [ ] Driver Drowsiness Detection [ ] Traffic Sign Recognition Other:      Identify safety equipment attached to units*:(check all that apply)* [ ] Cut off switches [ ] Strobe lights [ ] Tarps [ ] Back up alarms  [ ] Video Monitors [ ] Automated Can Dumping Arm [ ] 2-Way Radio [ ] Speed Governors (max speed) [ ] Fender mirrors [ ] Other: (Be specific):**PRE-HIRING/DRIVER SCREENING:** Does the applicant obtain or perform: *(check all that apply)*

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| [ ] Drug Test  |  | [ ] Road Test  |  | [ ] Written Test  |  |
| [ ] Reference Check  |  | [ ] Medical Certificate  |  | [ ] MVR Review  |  |

Do you have a Ride-A-Long Training Program? [ ] Yes [ ] No If yes, how long in duration?     Minimum Driver Age Requirement:       Minimum Experience Requirement:       How are drivers compensated:      Provide the number of: Full Time Drivers:      Part Time Drivers:      Owner/Operators *(operating their own units for applicant’s business)*:      Average number of drivers annually      Number of driver terminations in last 12 months:       Number of Driver Resignations:       Number of newly hired drivers in the last 12 months:       Average length of employment:      **SAFETY PROGRAM:**Does the applicant have: *(check all that apply)*

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| [ ] Driver Orientation  |  | [ ] Driver Incentives  |  | [ ] Written Safety Program |
| [ ] Full Time Safety Director  |  | [ ] Safety Meetings |  | [ ] Hazardous Waste ID Training |

**MAINTENANCE PROGRAM:**Does the applicant have an in-house repair facility? [ ] Yes [ ] No If yes, list types of repairs performed:      Does the applicant have a vehicle maintenance program? [ ] Yes [ ] No If yes, is the program documented? [ ] Yes [ ] No Are maintenance records kept on individual vehicles? [ ] Yes [ ] No How often are vehicles inspected?      **LOSS HISTORY:**Has the applicant ever had insurance for this operation cancelled, declined, or renewal refused? [ ] Yes [ ] No If yes, list details:      Describe any losses over $25,000 in the last five years:       Are there any open/unreported claims pending?       If yes, list details:      Has the applicant incurred any instances of bulk transport vehicle theft or other unauthorized use vehicles? [ ] Yes [ ] No **ADDITIONAL UNDERWRITING QUESTIONS:**Does the applicant use electronic log programs to audit driver log books? [ ] Yes [ ] No Does the applicant have Workers Compensation Insurance? [ ]  Yes [ ]  No If no, are they exempt from WC laws? [ ]  Yes [ ]  NoDoes applicant do any direct fueling of locomotives or offloading from railcars? [ ] Yes [ ] No Does applicant’s business include any fuel brought in by or delivered to boats or barges? [ ] Yes [ ] No Does applicant’s operation involve handling anhydrous ammonia? [ ] Yes [ ] No Does the applicant **act as** a common or contract carrier and haul fuel for others (the fuel isn’t owned by them) utilizing their own trucks? [ ] Yes [ ] No **GENERAL LIABILITY:**Are there any other operations that are not related to Bulk Oil services? [ ] Yes [ ]  No If Yes, describe:      Does applicant do any oil blending or recycling? [ ] Yes [ ] No Number of Bulk Storage Plants Operated:       Products Stored:       Outdoor lighting after business hours? [ ] Yes [ ] No Premises monitored by video surveillance? [ ] Yes [ ] No Are Tanks Fenced: [ ] Yes [ ] No Are Tanks Diked: [ ] Yes [ ] No Bulk Plant Neighborhood: [ ] Residential [ ] Industrial [ ] Mercantile [ ] OutlyingHas any facility ever been cited, fined or in violation of EPA regulations? [ ] Yes [ ] No **SUBCONTRACTING:**Do subcontractors perform any part of your operations? [ ] Yes [ ] No If yes, provide details on all types of subcontracting relationships you enter into and annual cost of hire for each:

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| [ ] Hauling $      | [ ] Other       |  |  |  |

Does the applicant use common carriers to haul product on their behalf? [ ] Yes [ ] No  What is the % of total delivery performed by common carrier?       Hired Carrier’s liability limits equal to applicant’s liability limits? [ ] Yes [ ] No  Hired Carrier’s umbrella limits equal to applicant’s liability limits? [ ] Yes [ ] No  Are certificates of insurance obtained as verification of equal limits and Additional Insured status? [ ] Yes [ ]  NoWill insured have signed subcontractor agreements with indemnification and hold harmless clauses for all subcontractors with whom they conduct business? [ ] Yes [ ] No If No, please describe the method of risk transfer the insured intends to use in place of subcontractor agreements with hold harmless clauses:       |
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| **AVIATION FUEL:**Estimated Annual Gallons of Transported: Jet A/B, JP 4/5:       AvGas (80,100,100LL):      Does applicant perform any direct fueling of aircraft? [ ] Yes [ ] No Perform any fuel pre-mix or additive functions? [ ] Yes [ ] No Does applicant have dedicated tank trailers or documented purging and cleaning procedures? [ ] Yes [ ] No **MARINA DELIVERY/DIRECT FUELING OF WATERCRAFT:**Total Annual Gallons Delivered to Marines:      Does applicant do any direct fueling of watercraft? [ ] Yes [ ] No  What type of watercraft and how many times a month?       Total annual gallons direct fueled to watercraft?      **POLLUTION LIABILITY:**Does the applicant have Underground Storage Tank (UST) coverage? [ ] Yes [ ] No Does the applicant have Transportation Pollution Liability (TPL) coverage in place? [ ] Yes [ ] No Carrier:       Limit:       |
| **CONVENIENCE STORES & LIQUOR LIABILITY:**How many convenience stores does the applicant operate?       How many are open 24 hours?       How many have restrooms located outside of the building?       Describe security measures: [ ] Burglar Alarm [ ] Video Surveillance [ ] Security Guard Service Is a drops safe used? [ ] Yes [ ] No Any fire arm sales? [ ] Yes [ ] No Any video gaming? [ ] Yes [ ] No Any “payday loan” operations? [ ] Yes [ ] No Any locations (or portion of a location) of applicant’s premises leased to a third party? [ ] Yes [ ] No If yes: Is there a written contract? [ ] Yes [ ] No  Is applicant listed as an additional insured on lessee’s policy? [ ] Yes [ ] No  Is a certificate of insurance furnished to insured showing Fire Legal Liability coverage? [ ] Yes [ ] No Do all convenience stores with commercial cooking operations (flat grills and/or deep frying) meet all of the following criteria: Exhaust hood is equipped with metal baffle-type filers: [ ] Yes [ ] No  The inside of the exhaust hood and ductwork is cleaned at regular service intervals by a professional service: [ ] Yes [ ] No  The grilling and deep frying equipment are protected by an automatic wet chemical extinguishing system: [ ] Yes [ ] No  The automatic wet chemical extinguishing systems are maintained at regular intervals by a third party contractor: [ ] Yes [ ] No Are all stores that permit unattended self-service motor fueling by members of the general public (excluding commercial accounts) equipped with the following as required by NFPA: Emergency shut off switch provided and located where it is accessible to customers: [ ] Yes [ ] No  Fire extinguisher with a minimum 40B:C rating accessible during unattended hours of operation: [ ] Yes [ ] No  Operating instructions for the dispensers posted in the dispensing area: [ ] Yes [ ] No  A telephone provided on the premises that is accessible to customers during attended hours of operation: [ ] Yes [ ] No Do all convenience stores that fill LP gas cylinders meet the following: Only employees that have been formally trained (documented) by a qualified individual are permitted to fill LP cylinders: [ ] Yes [ ] No  Dispensing equipment protected by a 6’ fence enclosure with lock OR tank valve lock AND locked dispensing cabinet: [ ] Yes [ ] No  At least one maintained and accessible fire extinguisher: [ ] Yes [ ] No Provide total annual store sales for propane:$       Provide total annual sales from beer, ale, or wine:       Provide total annual sales from hard liquor:      Is there any consumption of alcohol on premises? [ ] Yes [ ] No Has the applicant ever had a liquor liability claim? [ ] Yes [ ] No Has the applicant’s liquor license ever been suspended or revoked? [ ] Yes [ ] No Are ID’s checked? [ ] Yes [ ] No Are employees TIPS (or equivalent) trained? [ ] Yes [ ] No Describe the education, training, or briefing given to employees regarding the sale of alcohol:      Are guidelines posted for proper handling of suspected intoxicated customers and sale of alcohol to minors? [ ] Yes [ ] No Is a record or report kept regarding all liquor incidents? [ ] Yes [ ] No  |
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**The applicant hereby submits this supplemental and acknowledges that the information set forth herein is complete and accurate and will form the basis for risk selection decisions.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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