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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:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Power Unit HISTORY:** List the number of power units at policy expiration:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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:   |  |  | | --- | --- | | 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):*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 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)*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 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)*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 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  No  Does 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 Outlying  Has 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:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 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  No  Will 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: | |  | |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**