

FUEL DEALERS SUPPLEMENTAL APPLICATION

To be used with Commercial General Liability Application (Acord 125)

Applicant's Name: _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

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 % _____ 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. 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 / operators are used, are certificates of insurance including applicant as AI required?

YES NO

11. How many weekly trips over 50 miles? _____

12. Does the applicant operate over a 200 mile radius? YES NO

13. How many drivers UNDER 25 _____ OVER 60 _____

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 marina's? 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

FUEL TYPES: check all that apply

- | | |
|---|----------------------|
| <input type="checkbox"/> Wholesale distribution of gasoline & diesel fuels | Annual gallons _____ |
| <input type="checkbox"/> Retail sales of gasoline & diesel fuels | Annual gallons _____ |
| <input type="checkbox"/> Bulk oil distribution sales | Annual gallons _____ |
| <input type="checkbox"/> Fuel oil for residential home heating | Annual gallons _____ |
| <input type="checkbox"/> Retail sales of LPG | Annual gallons _____ |
| <input type="checkbox"/> Wholesale distribution of LPG | Annual gallons _____ |
| <input type="checkbox"/> Tank exchange services or sales through retail outlets | Annual gallons _____ |

Gross annual sales from all operations: \$ _____

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

List each tank separately.

1. Any exposure to streams, rivers, lakes or other water sources? Yes No
 If yes, give complete description of exposures. _____

2. 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.

3. If no tanks are owned, describe where applicant obtains their product for distribution.

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. Are customers for LP delivery set up on: 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 means of underground mains or pipes? Yes No

7. Does applicant participate in a gas check system? Yes No

If so please describe:

8. Does applicant sell anhydrous ammonia, butane or other gas? Yes No
If so what type _____ Annual Gallons: _____

9. Describe New Customer policy & attach any copies of presurvey:

10. Describe "Out of Gas" policy:

11. Does applicant verify odorant in gas when dispensing at point of purchase & distribution?

Yes No

12. Describe cylinder and regulator inspection procedures:

13. Does applicant use a 'yellow tag' or similar system to notify the customer tank has been filled?

Yes No

FUEL OIL SERVICES:

1. Does applicant do removal or replacement of customers underground tank? Yes No

2. Does applicant provide any environmental remediation services? Yes No

3. Are customers set up on: Automatic Fill % _____ Will Call % _____

4. Does applicant confirm any obsolete fill pipes are properly capped prior to pumping?

Yes No

5. Describe procedure for verifying customer tank capacity:

6. Describe New Customer policy & attach any copies of presurvey:

Insured Signature: _____

Date Signed: _____

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