

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.

Ар	Applicant's Name Agent	Applicant's Phone Number				
Ap						
Dre		ntact				
	Proposed Policy Period to Phone Number Applicant is Individual Partnership Corporation Joint Venture	_ Phone Number for Inspection Contact				
лμ						
Lo	Location #1					
Lo	Location #2					
Lo	Location #3					
OF	OPERATIONS & TRANSPORT					
1.	1. Is owner active in the management of operations?	Yes 🗌 No				
2.	2. Does applicant haul any product that he does not own?	🗌 Yes 🔲 No				
	If yes, what percentage % and type of product					
3.	3. List membership in any professional associations:					
4.	Is each employee trained in premises emergency procedures in event of fires or leaks?					
5.						
6.	6. Does applicant comply with all DOT and other regulatory requirements?	Yes 🗋 No				
7.						
	Less than 10%	50% +				
8.	8. Describe training procedures for new drivers:					
9.	9. Describe any continuing education programs in place.					

OPI	ERATIONS & TRANSPORT (Continued)
10.	Does the applicant use independent owner / operators?
If ov	vner / 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?
13.	How many drivers? UNDER 25 OVER 60
14.	Does the applicant deliver aviation fuel?
15.	Does the applicant deliver any racing fuel?
16.	Does the applicant deliver fuel to marinas?
17.	Does the applicant perform direct fueling of any watercraft?
18.	Does the applicant handle Gasohol or any alcohol blended products?
19.	Does applicant leave tanker truck on premises of others for their own dispensing?
20.	FUEL TYPES: check all that apply
	FUEL TYPES ANNUAL GALLONS
	Wholesale distribution of gasoline & diesel fuels
	Retail sales of gasoline & diesel fuels
	Bulk oil distribution sales
	Fuel oil for residential home heating
	Retail sales of LPG
	Wholesale distribution of LPG
	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.

1.	UID PETROLEUM (LP) SEF Does applicant sell, service						
••	Space Heaters	Repair	□ Sales		□ N/A		
	Water Heaters	Repair	Sales		□ N/A		
	Gas Grills	Repair	Sales				
	Heating or AC Systems	Repair	☐ Sales		□ N/A		
	Other LPG Appliances	Repair	☐ Sales				
	Total sales from above app	-	\$				
	Total payroll from service /						
2.	Does applicant perform any		🗌 Yes				
	Total Sales \$						
3.	How are customers for LP of	delivery set up?					
	Automatic Fill	%	U Will Call	%			
4.	Does applicant provide any	bottle filling operations?			🗌 Yes	s 🗌 No	
5.	Are scales used when filling	g bottles?			🗌 Yes	s 🗌 No	
6.	Does applicant distribute pr						
7.	Does applicant participate i						
		0					
8.	Does applicant sell anhydro	ous ammonia, butane or oth	er gas?		Yes	s 🗌 No	
	If yes, what type?	Annual Gallons					
9.	Describe the New Custome	er policy & attach any copie	s of pre-survey.				
10	Describe the "Out of Gas" p	policy					
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LIQ	UID PETROLEUM (LP) SERVICES (Continued)				
11.	Are all employees, who dispense gas, trained?				
12.	How are the tanks protected from vehicle damage?				
13.	Does applicant verify odorant in gas when dispensing at point of purchase & distribution?				
14.	Describe cylinder and regulator inspection procedures.				
15.	Does applicant use a 'yellow tag' or similar system to notify the customer tank has been filled? Yes No				
FU	EL OIL SERVICES				
1.	Does applicant do removal or replacement of customers underground tank? Yes No				
2.	Does applicant provide any environmental remediation services?				
3.	Indicate how customers are set up and the percentage:				
	Automatic Fill% Uill Call%				
4.	Does applicant confirm obsolete fill pipes are properly capped prior to pumping? Yes 🗌 No				
	Describe procedure for verifying customer tank capacity.				
5.	Describe the New Customer policy & attach any copies of pre-survey.				

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date