Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

Fuel Dealers Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

		• • • • • •			
All questions must	be answered in full.	Application must be	e signed and	l dated by the	e applicant

Ap	pplicant's Name	Agent	Agent			
Ap	pplicant Mailing Address	Applicant's Phone N	Applicant's Phone Number			
		Web Address				
		Inspection Contact				
Pro	oposed Policy Period to	Phone Number for I	Phone Number for Inspection Contact			
Ap	oplicant is 🗌 Individual 🗌 Partnership 🔲 Co	orporation D Joint Venture	Other			
Lo	cation #1					
	cation #2					
Lo	cation #3					
OF	PERATIONS & TRANSPORT					
1.	Is owner active in the management of operatio	ns?		🗌 Yes	🗌 No	
2.	Does applicant haul any product that he does	not own?		🗌 Yes	🗌 No	
	If yes, what percentage% and type of p	product				
3.	List membership in any professional associatio	ons:				
4.	Is each employee trained in premises emerger	ncy 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					
7.	What is the percentage of driver turnover?					
	Less than 10%	10% - 50%	50% +			
8.	Describe training procedures for new drivers:					
9.	Describe any continuing education programs in	n place.				

· · ·	ERATIONS & TRANSPORT (Continued)	
10.	Does the applicant use independent owner / operators?	
If o	wner / operators are used, are certificates of insurance including app	blicant 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?	Yes 🗌 No
18.	Does the applicant handle Gasohol or any alcohol blended product	s? 🗌 Yes 🗌 No
19.	Does applicant leave tanker truck on premises of others for their or	wn dispensing? 🗋 Yes 🗌 No
	Does applicant leave tanker truck on premises of others for their ov FUEL TYPES: check all that apply	wn dispensing? 🗋 Yes 📋 No
		wn dispensing? 🗌 Yes 🗌 No Annual gallons
	FUEL TYPES: check all that apply	
	FUEL TYPES: check all that apply Fuel Types	Annual gallons
	FUEL TYPES: check all that apply Fuel Types	Annual gallons
	FUEL TYPES: check all that apply Fuel Types Wholesale distribution of gasoline & diesel fuels Retail sales of gasoline & diesel fuels	Annual gallons
	FUEL TYPES: check all that apply Fuel Types Wholesale distribution of gasoline & diesel fuels Retail sales of gasoline & diesel fuels Bulk oil distribution sales Fuel oil for residential home heating	Annual gallons
	FUEL TYPES: check all that apply Fuel Types Wholesale distribution of gasoline & diesel fuels Retail sales of gasoline & diesel fuels Bulk oil distribution sales Fuel oil for residential home heating	Annual gallons

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?	_ 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.

LIQ	UID PETROLEUM (LP) SEF	RVICES		
1.	Does applicant sell, service	, repair or install:		
	Space Heaters	Repair	Sales	□ N/A
	Water Heaters	Repair	Sales	□ N/A
	Gas Grills	Repair	Sales	□ N/A
	Heating or AC Systems	Repair	□ Sales	□ N/A
	Other LPG Appliances	Repair	□ Sales	□ N/A
	Total sales from above app	liances	\$	
	Total payroll from service / i	installation	\$	
2.	Does applicant perform any	propane gas carburetion v	work?	Yes 🗌 No
	Total Sales \$			
3.	How are customers for LP of	delivery set up?		
	Automatic Fill	%	🗌 Will Call 🛛 %)
4.	Does applicant provide any	bottle filling operations? .		Yes 🗌 No
5.	Are scales used when filling	g bottles?		Yes 🗌 No
6.	Does applicant distribute pr	opane gas by underground	d mains or pipes?	Yes 🗌 No
7.	Does applicant participate in	n a gas check system?		🗌 Yes 🗌 No
	If yes, describe			
8.	Does applicant sell anhydro	ous ammonia, butane or oth	her gas?	Yes 🗌 No
	If yes, what type?			
9.	Describe the New Custome	r policy & attach any copie	es of pre-survey.	
10.	Describe the "Out of Gas" p	olicy.		

LIC	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? Yes No
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, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

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.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Application Forms: 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.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: 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.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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 subjects such person to criminal and civil penalties.

Producer's Signature

Date

Applicant's Signature

Date