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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.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

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 percentage _____ % 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. 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 place.

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.

LIQUID PETROLEUM (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. How are customers for LP delivery set up?
 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 underground mains or pipes? Yes No

7. Does applicant participate in a gas check system?..... Yes No
 If yes, describe _____

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

9. Describe the New Customer policy & **attach** any copies of pre-survey.

10. Describe the "Out of Gas" policy.

LIQUID PETROLEUM (LP) SERVICES (Continued)

- 11. Are all employees, who dispense gas, trained?..... Yes No
- 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

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. Indicate how customers are set up and the percentage:
 Automatic Fill _____% Will 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.

Producer's Signature	Date	Applicant's Signature	Date
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