

## **JOBBER PROGRAM**

### **ELIGIBLE RISKS**

The scope of the Fuel Marketers Program is propane or gasoline distributors that wholesale or retail petroleum products to homes, C-stores, or farms. The following operations are common incidental classes that can be considered:

- C-stores
- Full and Self Service Gas Stations
- Card Locks
- Car Washes
- Truck stops without showers, sleeping quarters, or repairs
- Tune-up/Quick Lube excluding work on heavy trucks (20,000 pounds or heavier)
- Heating and A/C equipment dealers/distributors
- Aviation Fuel – No direct fueling of aircraft
- Wet Hosing

The following risk characteristics are **Required**:

- Established (5 or more years) independent wholesale and/or retail of petroleum products
- Well-managed fleet with regular maintenance program
- Risk follows all D.O.T. guidelines
- Risks with a written Safety Program
- Risks with a written Spill and Environmental Program
- Risks with over 51% of product being petroleum related

### **INELIGIBLE RISKS**

The following risk characteristics are generally unacceptable:

- Any risk that hauls or stores products other than gasoline, diesel, bulk oil, or LPG.
- Any risk that directly fuels aircraft.
- Any risk without a formal driver safety program including annual MVR review, accident review, and pre-hire testing and training for hazardous cargo.
- Gas and oil drilling.
- LPG risks that do not formally document “Gas Checks”.
- Any risk that needs limited Mexico coverage.
- Any risk that blends or bottles product.
- Any risk that services heavy trucks (20,000 GVW or heavier) other than their own.
- Any risk that has gambling on premises excluding Lotto.
- Any risk that handles natural gas or public utilities.
- Any 100% bottle filling or filling at R.V. parks.

# **Program Description – Jobber Program**

## **ELIGIBILITY**

Gasoline, LPG Wholesalers and Home Heating Fuel Distributors

- Can include Convenience Stores and Mini-Marts that sell gasoline and are owned by the wholesalers. May be owner operated or leased.
- Bulk storage facilities
- Car washes in conjunction with above exposures
- Propane Marketers
- Home Heating Distributors

The program coverages include:

- Auto Liability, Garage Liability, General Liability, Property, Crime, and Inland Marine coverages.

## **FULL UNDERWRITING, RATING, AND POLICY ISSUANCE**

AMC has broad underwriting authority within the Program Guidelines.

- \$ 1,000,000 Authority for liability (Auto, Garage, and General Liability).

AMC's in-house coordinator reviews each monthly update of Commercial Lines Electronic Manual Service (CLEMS) and makes changes as needed in rates and forms. Policies are rated and printed in our office using in-house computer software and hardware.

## **LOSS CONTROL**

Providing cost effective results in oriented safety and health consultation, Loss Control offers clients the opportunity to impact their bottom line while ensuring that they are operating safely and within all governmental rules and regulations. Services range from specialty risk surveys to training programs. Written programs and policies can also be developed to meet our clients' individual needs. A complete list of capabilities is available upon request.

## **PREMIUM REMITTANCE**

AMC is responsible for premium collection and remits net to the carrier on a 45-day account current.

## **CLAIMS**

AMC handles all claims for the designated Company with a fully staffed claims office, including a litigation specialist. Most claims are handled in-house with minimal use of outside adjusters. This results in an allocated loss adjustment expense (ALAE) factor much lower than industry averages.

# **Jobber Program**

## **Coverages Available in Program**

### **PROPERTY**

- Building and Business Personal Property
- Special Cause of Loss Form
- Option of ACV, Agreed Value, or Replacement Cost
- Business Income is available with 1/3, 1/4, 1/6 monthly limitation
- Legal Liability \$500,000 Maximum Limit

### **AUTOMOBILE**

- ISO Occurrence Form
- Liability
- Physical Damage
- Wrongful Delivery
- MCS-90 - ***This is provided automatically if limits are at least \$1,000,000.***
- Broadened Pollution Liability - It is paramount to know if a competitor provides this. Not all do and some are more restrictive than others. The value of this coverage cannot be overstated.

### **GENERAL LIABILITY**

- ISO Occurrence Form
- Misdelivery of liquid products
- Employee Benefits Liability (*Available upon request in selected states.*)
- Incidental Medical Malpractice
- Automatic Fill Endorsement (*Included for Propane Accounts*)
- Key Stop Agreement
- Liquor Liability (*Available upon request for Off-Premises Consumption.*)

### **INLAND MARINE**

- Contractor's Equipment Floater
- EDP

### **CRIME**

- Money & Securities
- Employee Dishonesty

**Broad Form Property Endorsement – Petroleum Marketers Program  
Summary Highlights**

Added Coverages:

	<b>RLI Extensions</b>	<b>Empire Extensions</b>
EDP (Hardware and Software)	\$50,000	Not Included
Credit Card Slips	\$20,000	\$25,000
Accounts Receivable	\$25,000	\$25,000
Terminal Access Card Coverage	\$50,000	\$50,000
Gasoline or Oil Contamination	\$25,000	\$25,000
Erroneous Delivery of Liquid Products	\$25,000	\$25,000
Consigned Property Coverage	\$25,000	\$25,000
Spoilage Coverage (not including Petroleum Products)	\$10,000	\$10,000
Lessee Change Over Coverage	\$100,000	\$100,000
Money and Securities	\$5,000	Not Included
Business Income (With Extra Expense)	Not Included	\$25,000
Leased, Loaned and Rented Tanks (Pumps)	Not Included	\$10,000
Fire or Explosion Damage Liability	Not Included	\$150,000
Automatic Fill	Included in GL	Included in Extension

Increased Coverages:

Newly Acquired or Constructed Property	\$1,000,000 for Building \$500,000 for Business Personal Property	\$1,000,000 for Building \$500,000 for Business Personal Property
Personal Effects and Property of Others	\$10,000	\$5,000
Valuable Papers and Records – Cost of Research	\$25,000	\$10,000
Property Off-Premise	\$25,000	\$25,000
Outdoor Property	\$10,000 except \$20,000 for signs (attached or unattached) \$2,500 for fences and trees/shrubs/plants \$3,000 for radio and TV antennas	\$10,000 except \$1,000 for signs attached signs \$300 for tree/shrub or plant
Debris Removal	\$10,000	Policy not modified
Building Glass (applicable only to states using ISO edition dates of 6-95 or 10-91 on the Special Causes of Loss Form)	\$20,000 any one occurrence \$20,000 aggregate subject to: \$1,000 any one pane, plate etc.	Not Limited
Property in Transit	\$50,000	\$50,000
Fire Department/Hazard Response Service Charge	\$5,000	\$10,000
Pollutant Cleanup and Removal	\$100,000	\$100,000
Arson Reward	Standard ISO	\$5,000

Other Additions and/or Changes:

1000 foot extension	Applies to: Materials, equipment, supplies; BPP at the described premises; Personal Property of Others	Extended 500 feet
Covered Property Additions	Awnings or Canopies; Storage Tanks (above and below ground); Fuel Pumps (above and below ground) Loaned or Leased Tanks or Pumps	Must be included in the building value

## Submission Check Sheet

A complete **Acord Form Application**, accompanied by **Energy Supplemental Application** is required to be a complete application.

- **The Auto Section**

- Mile radius from garaged location (We use 50 miles as local.)
- 17 Digit VIN numbers (State law and we cannot process without this information)
- The water gallon capacity of tank trucks
- Complete Drivers list including the full name, address, state, DOB, correct drivers license # and state of issue and length of employment as well as total years commercial driving experience.

- **General Liability**

- List class codes by location including receipts and gallons

- **Property**

- If we are going to blanket or use agreed, we need a signed statement of values and the ACORD Property Form with the following:

- **Breakdown**

1. Buildings - Limit per building
2. Pumps – Limit per location
3. Canopies – Limit per location
4. Contents – Limit per location
5. Business Income – Limit per location
6. *Underground Storage Tanks, Above Ground Storage Tanks (We require the age of each tank at each location to determine insurability) Please list age of tanks on Acord Property Application.*
7. Use of the property (C-store, Car wash, Bulk Plant.....)
8. Construction of property
9. Age of building
10. Square footage of building

- **Loss Runs**

- Current year plus the 3 previous
- Must be currently valued

- **List and describe all named insureds or operations**

- **Workers' Compensation**

- Please send all Workers' Compensation submissions our Workers' Compensation Department

Account Name \_\_\_\_\_  
Agency \_\_\_\_\_  
D.O.T NUMBER \_\_\_\_\_

Target Price \_\_\_\_\_  
Quote Date \_\_\_\_\_

## Jobber Supplemental Application

(Please complete the appropriate sections)

- |                |                            |       |                    |
|----------------|----------------------------|-------|--------------------|
| 1. Operations: | 1. Gasoline Distributor    | _____ | Complete section 1 |
|                | 2. Propane Distributor     | _____ | Complete section 2 |
|                | 3. Retail Service Station  | _____ | Complete section 3 |
|                | 4. Aviation Fuel           | _____ | Complete section 4 |
|                | 5. Marina / Wet Hosing     | _____ | Complete section 5 |
|                | 6. Home Heating Fuel       | _____ | Complete section 6 |
|                | 7. Bulk Oil / Used Oil     | _____ | Complete section 7 |
|                | 8. Private Passenger Autos | _____ | Complete section 8 |
|                | 9. Drivers List            | _____ | Complete section 9 |

2. List all named insureds, a brief description, and % of ownership \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Address of main office \_\_\_\_\_

4. Management's years of experience \_\_\_\_\_

5. Membership of Professional Associations \_\_\_\_\_

6. **Sales:**
- |  |       |                |
|--|-------|----------------|
| Gallons Direct Dropped to C-Stores.....            | _____ | Annual gallons |
| Gallons Wholesaled from Bulk Plant.....            | _____ | Annual gallons |
| <b>Retail</b> sale of gasoline & diesel fuels..... | _____ | Annual gallons |
| Bulk oil distribution sales.....                   | _____ | Annual gallons |
| Fuel oil / home heating oil sales.....             | _____ | Annual gallons |
| LPG / Propane .....                                | _____ | Annual gallons |
| Number of buildings leased to others.....          | _____ | Number         |
| C-Stores sales.....                                | _____ | Gross Sales    |
| Brokered Fuel (Paper TRANSACTIONS ONLY)...         | _____ | Annual gallons |
| Other operations.....                              | _____ | Annual Sales   |

Total annual gross sales from all operations \$ \_\_\_\_\_ **Annual Receipts**

7. Is the owner active in the management of operations?.....     YES     NO

8. Does marketer haul any product that he does not own?.....  YES  NO  
If yes, what \_\_\_\_\_% and type of product\_\_\_\_\_
9. Does any driver have a DWI or other serious violations in last 3 years? ....  YES  NO  
Please identify on driver's list.
10. Is each employee trained in plant emergency procedures in the event of fires or leaks?  
..... YES  NO
11. Does insured have a written emergency spill plan for drivers?.....  YES  NO
12. Does insured comply with all DOT and other regulatory requirements? ..... YES  NO
13. Driver turnover: less than 10%  10%-25%  25%-50%  50%+
14. Describe training procedures for new drivers:\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
15. Continuing education programs in place. Describe:\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
16. Does insured use independent owner/operators? ..... YES  NO  
If yes, list:\_\_\_\_\_
- \_\_\_\_\_
17. How many weekly trips over 50 miles? \_\_\_\_\_
18. Does the insured operate over a 200-mile radius? ..... YES  NO  
If yes, list one way mileage and number of times a week. \_\_\_\_\_
19. How many drivers UNDER 25 \_\_\_\_\_ OVER 60\_\_\_\_\_
20. Does the insured conduct any operations that are not inclusive to running an energy marketer  
(i.e. farms, motels, etc.). If so, please describe:\_\_\_\_\_
- \_\_\_\_\_
21. Does insured deliver aviation fuel? .....  YES  NO  
If yes, complete section 4
22. Does insured deliver fuel to marinas? .....  YES  NO  
If yes, complete section 5
23. Does insured perform direct fueling of any watercraft?.....  YES  NO  
If yes, complete section 5

24. How many locations are 30 miles or closer to the ocean or Gulf? \_\_\_\_\_

25. Does insured deliver oil or hydraulic fluid to industrial customers? .....\_\_YES \_\_NO  
(If yes, complete section 7)

If yes, explain exposure and provide gallons of each. Your explanation should include details on any blending or repackaging. \_\_\_\_\_

26. Does the insured handle Gasohol or any alcohol blended products? .....\_\_YES \_\_NO

**27. Other than petroleum products, what else does the insured haul?** \_\_\_\_\_

28. Does the insured deliver any petroleum products to energy plants, nuclear processing plants, waste disposal, or chemical waste sites? \_\_YES \_\_NO If yes, please explain \_\_\_\_\_

29. Please list the location number and the total number of vehicles along with the stated amount of those vehicles in the table below. (Stated Amount = ACV Less Depreciation)

Location #	# Of Vehicles	Combined Value of Vehicles	Location #	# Of Vehicles	Combined Value of Vehicles
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

30. Number of Underground Storage Tanks (UST): \_\_\_\_\_  
(List the age of each above ground and underground storage tank on the Acord application)

**THE NEXT 3 QUESTIONS APPLY TO POLLUTION LIABILITY EXPOSURE**

1. Does insured want UST coverage ..... \_\_YES \_\_NO  
If yes, request UST Pollution application from your underwriter.

2. Does insured have UST's covered elsewhere?..... \_\_YES \_\_NO  
Current Carrier \_\_\_\_\_

3. Does the insured elect to Decline UST coverage at current time: ..... \_\_YES \_\_NO

Please have the insured sign if he elects to decline UST coverage at this time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section 1 Gasoline Distributors

Marketer operates \_\_\_\_ bulk storage plants.

### Bulk Plant 1

Address \_\_\_\_\_  
Product stored \_\_\_\_\_  
Tanks: Above ground \_\_\_\_\_ Below ground \_\_\_\_\_  
Fenced: \_\_\_\_ YES \_\_\_\_ NO Diked: \_\_\_\_ YES \_\_\_\_ NO  
Storage Tank Distance to nearest NON-OWNED structure: \_\_\_\_\_ Total # of tanks \_\_\_\_\_  
**Total gallon capacity: \_\_\_\_\_ Age Of Tank(s) \_\_\_\_\_ Date Last Certified \_\_\_\_\_**  
**(If distance of tank distance is less than 500ft. from non-owned structure, we need to know occupancy, construction, and approximate value of structure.)**  
Located within city limits or fire protection zone?..... \_\_\_\_ YES \_\_\_\_ NO  
If NO, distance to fire station \_\_\_\_\_ hydrant \_\_\_\_\_  
Arranged for fire protection service \_\_\_\_\_  
Bulk plant neighborhood: \_\_\_\_ Residential \_\_\_\_ Mercantile  
\_\_\_\_ Industrial \_\_\_\_ Outlying  
Bulk plant housekeeping: \_\_\_\_ Excellent \_\_\_\_ Average \_\_\_\_ Below Average  
Bulk plant maintenance: \_\_\_\_ Excellent \_\_\_\_ Average \_\_\_\_ Below Average  
Describe fire alarms and security systems: \_\_\_\_\_  
\_\_\_\_\_  
Does the Petroleum Marketer own this plant?..... \_\_\_\_ YES \_\_\_\_ NO  
If no, then by whom? \_\_\_\_\_

### Bulk Plant 2

Address \_\_\_\_\_  
Product stored \_\_\_\_\_  
Tanks: Above ground \_\_\_\_\_ Below ground \_\_\_\_\_  
Fenced: \_\_\_\_ YES \_\_\_\_ NO Diked: \_\_\_\_ YES \_\_\_\_ NO  
Storage Tank Distance to nearest NON-OWNED structure: \_\_\_\_\_ Total # of tanks \_\_\_\_\_  
**Total gallon capacity: \_\_\_\_\_ Age Of Tank(s) \_\_\_\_\_ Date Last Certified \_\_\_\_\_**  
**(If distance of tank distance is less than 500ft. from non-owned structure, we need to know occupancy, construction, and approximate value of structure.)**  
Located within city limits or fire protection zone?..... \_\_\_\_ YES \_\_\_\_ NO  
If NO, distance to fire station \_\_\_\_\_ hydrant \_\_\_\_\_  
Arranged for fire protection service \_\_\_\_\_  
Bulk plant neighborhood: \_\_\_\_ Residential \_\_\_\_ Mercantile  
\_\_\_\_ Industrial \_\_\_\_ Outlying  
Bulk plant housekeeping: \_\_\_\_ Excellent \_\_\_\_ Average \_\_\_\_ Below Average  
Bulk plant maintenance: \_\_\_\_ Excellent \_\_\_\_ Average \_\_\_\_ Below Average  
Describe fire alarms and security systems: \_\_\_\_\_  
\_\_\_\_\_  
Does the Petroleum Marketer own this plant?..... \_\_\_\_ YES \_\_\_\_ NO  
If no, then by whom? \_\_\_\_\_

## **Section 2   LPG Distributors (3 pages)**

Marketer operates \_\_\_\_ bulk storage plants.

### **Bulk Plant 1**

Address \_\_\_\_\_  
Product stored \_\_\_\_\_  
Tanks:           Above ground \_\_\_\_\_           Below ground \_\_\_\_\_  
Fenced:         \_\_\_ YES    \_\_\_ NO  
Storage Tank Distance to nearest NON-OWNED structure: \_\_\_\_\_ Total # of tanks \_\_\_\_\_  
**Total gallon capacity: \_\_\_\_\_ Age Of Tank(s) \_\_\_\_\_ Date Last Certified \_\_\_\_\_**  
**(If distance of tank distance is less than 500ft. from non-owned structure, we need to know occupancy, construction, and approximate value of structure.)**  
Located within city limits or fire protection zone?..... \_\_\_ YES   \_\_\_ NO  
If NO, distance to fire station \_\_\_\_\_ hydrant \_\_\_\_\_  
Arranged for fire protection service \_\_\_\_\_  
Bulk plant neighborhood:           \_\_\_ Residential           \_\_\_ Mercantile  
   \_\_\_ Industrial           \_\_\_ Outlying  
Bulk plant housekeeping:           \_\_\_ Excellent   \_\_\_ Average   \_\_\_ Below Average  
Bulk plant maintenance:           \_\_\_ Excellent   \_\_\_ Average   \_\_\_ Below Average  
Describe fire alarms and security systems: \_\_\_\_\_  
\_\_\_\_\_  
Does the Petroleum Marketer own this plant?..... \_\_\_ YES   \_\_\_ NO  
If no, then by whom? \_\_\_\_\_

### **Bulk Plant 2**

Address \_\_\_\_\_  
Product stored \_\_\_\_\_  
Tanks:           Above ground \_\_\_\_\_           Below ground \_\_\_\_\_  
Fenced:         \_\_\_ YES    \_\_\_ NO  
Storage Tank Distance to nearest NON-OWNED structure: \_\_\_\_\_ Total # of tanks \_\_\_\_\_  
**Total gallon capacity: \_\_\_\_\_ Age Of Tank(s) \_\_\_\_\_ Date Last Certified \_\_\_\_\_**  
**(If distance of tank distance is less than 500ft. from non-owned structure, we need to know occupancy, construction, and approximate value of structure.)**  
Located within city limits or fire protection zone?..... \_\_\_ YES   \_\_\_ NO  
If NO, distance to fire station \_\_\_\_\_ hydrant \_\_\_\_\_  
Arranged for fire protection service \_\_\_\_\_  
Bulk plant neighborhood:           \_\_\_ Residential           \_\_\_ Mercantile  
   \_\_\_ Industrial           \_\_\_ Outlying  
Bulk plant housekeeping:           \_\_\_ Excellent   \_\_\_ Average   \_\_\_ Below Average  
Bulk plant maintenance:           \_\_\_ Excellent   \_\_\_ Average   \_\_\_ Below Average  
Describe fire alarms and security systems: \_\_\_\_\_  
\_\_\_\_\_  
Does the Petroleum Marketer own this plant?..... \_\_\_ YES   \_\_\_ NO  
If no, then by whom? \_\_\_\_\_

**Section 2 Continued**

- 1. Does insured sell heating or air conditioning systems?  YES  NO  
Receipts \_\_\_\_\_
  
- 2. Does insured service or repair:  
Space Heaters .....  YES  NO  
Water Heaters .....  YES  NO  
Gas Grills.....  YES  NO  
Other LPG appliances.....  YES  NO  
Total Payroll \_\_\_\_\_ Total Receipts \_\_\_\_\_
  
- 3. Does insured sell:  
Space Heaters .....  YES  NO  
Water Heaters .....  YES  NO  
Gas Grills.....  YES  NO  
Other LPG appliances.....  YES  NO  
Total Receipts \_\_\_\_\_
  
- 4. Does insured perform propane gas carburetion work?.....  YES  NO  
Receipts \_\_\_\_\_
  
- 5. Dealer's customers are set up on:  
 Automatic fill  %  
 Will call  %
  
- 6. List all bottle filling locations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 7. Does the insured have any non-owned bottle filling operations?.....  YES  NO  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 8. Are scales used when filling bottles? .....  YES  NO
  
- 9. Does insured distribute propane gas by means of underground mains or pipes?  
 Yes  No If yes, provide a DOT Leakage Survey.
  
- 10. Does insured sell anhydrous ammonia, butane or other gas?.....  YES  NO
  
- 11. Does insured participate in a gas check?.....  YES  NO  
If no, describe review system: \_\_\_\_\_  
\_\_\_\_\_

**Section 2 Continued**

12. Describe “new customer policy” \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Describe “Out of Gas” policy \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Does insured verify odorant in gas when purchased and loading out for deliver?  
.....  YES  NO

15. Describe cylinder inspection procedures \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Does insured have a program to verify condition of all customers regulators? Describe:  
\_\_\_\_\_  
\_\_\_\_\_

17. Are all storage facilities equipped with ESV and Bulkheads?.....  YES  NO

Comments or remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Section 3 Retail Service Stations and C-Stores**

1. How many retail gasoline locations does insured operate? \_\_\_\_\_
2. How many operated 24-hour retail gasoline locations? \_\_\_\_\_
3. How many C- Stores does the insured lease to others? \_\_\_\_\_
4. Number of Full-time employees \_\_\_\_\_ Part-time employees \_\_\_\_\_
5. Any cooking at locations?.....  YES  NO  
If yes, which locations \_\_\_\_\_
8. Are there Ansul Systems or other automated extinguishing systems in place?  
 YES  NO send a copy of contract between insured and cleaning service
9. Does insured have any truck stops with lounge areas, showers, rooms, etc.?  YES  NO
10. Are any repairs done at any of the locations?.....  YES  NO  
If yes, which location(s)? \_\_\_\_\_
11. Any repairs to heavy trucks (20,000 pounds or heavier).....  YES  NO
12. Are mechanics certified?.....  YES  NO  
If yes, by whom? \_\_\_\_\_
13. Do any of the owned and operated stations have a car wash? If so, please fill out the table below. (Car wash types: Wand, Brush, Brushless)

Location #	Type of Car Wash	Location #	Type of Car Wash	Location #	Type of Car Wash	Location #	Type of Car Wash

#### Crime

1. What type of safety procedures are in place? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Are drop safes used at all locations?.....  YES  NO  
If no, which location(s) \_\_\_\_\_
3. Are deposits made daily?.....  YES  NO

**Section 3 Continued...**

- 4. Are deposits taken to a central location?.....\_\_YES \_\_NO
- 5. Is an armored car service used to make deposits?..... \_\_YES \_\_NO
- 6. Are employees trained on how to react to a robbery?.....\_\_YES \_\_NO

7. Describe security system (central station, local, surveillance cameras):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What type of procedures is in place to avoid employee dishonesty or theft?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Convenience Store Liquor Liability**

**Convenience store and similar operations selling hard liquor, beer, ale and wine for consumption off premises.**

- 1. Total annual gross sales from beer, ale or wine ONLY (break-out by location on Acord GL Application): \$ \_\_\_\_\_
- 2. Any hard liquor sales? .....\_\_YES \_\_NO  
If Yes, list total sales: \$ \_\_\_\_\_
- 3. Total number of locations selling beer, ale or wine: \_\_\_\_\_
- 4. The owners or general managers experience in the operation of convenience stores selling beer, ale and wine: \_\_\_\_\_ years
- 5. Has the account ever had a liquor liability claim? ..... \_\_YES \_\_NO
- 6. Is the liquor license current and issued properly?..... \_\_YES \_\_NO
- 7. Has the liquor license ever been suspended or revoked? ..... \_\_YES \_\_NO
- 8. The C-stores and other similar operations are normally open from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
Exceptions: \_\_\_\_\_
- 9. What education, training or briefing is given to employees on the sale of alcoholic beverages?  
\_\_\_\_\_  
\_\_\_\_\_

**Section 3 Continued...**

10. Are there written, posted instructions on how to handle suspected intoxicated customers and sale of alcoholic beverages to intoxicated persons or minors?.....  YES  NO

If NO, explain plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are signs displayed on premises prohibiting the on premises consumption of alcoholic beverages? .....  YES  NO

12. Sale to Minors? .....  YES  NO

13. Sale to Intoxicated Persons? .....  YES  NO

14. Sale of liquor after hours? .....  YES  NO

15. Describe the record or report procedures kept including calling the police regarding liquor incidents. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Section 4 Aviation Fuel**

- 1. Fuels transported estimated annual Gallons: Jet A/B, JP 4/5 \_\_\_\_\_  
AvGas (80,100,100LL) \_\_\_\_\_
- 2. Does transporter perform any direct aircraft servicing?.....\_\_YES \_\_NO
- 3. Does the transporter perform any fuel premix or additive functions such as “PRIST”?  
.....\_\_YES \_\_NO
- 4. Does transporter perform any service or maintenance for bulk farm or retail vendor’s delivery  
equipment? (i.e. filter changing, calibration of gauges, tank cleaning or repair):  
.....\_\_YES \_\_NO
- 5. Name and location of fuel retailers and end users.  
(Airports, Airlines, FBO, Flying Club, or private operators.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6. Name and location of supplier bulk farm: \_\_\_\_\_  
\_\_\_\_\_
- 7. Does transporter have dedicated tank trailers or a documented purging and cleaning  
procedures?.....\_\_YES \_\_NO
- 8. Do supplier and retailer observe applicable fuel control standards such as promulgated in  
NFPA407, 409, MIL- STD 1548c, ATA103, NATA and proprietary standards?.....  
..... \_\_YES \_\_NO
- 9. Is an attendant present at both the bulk supplier and retailer farm to supervise transfer of fuel?  
.....\_\_YES \_\_NO
- 10. Is transfer of fuel conducted using standard procedure?  
i.e. -Review bill of landing and checking seals.....\_\_YES \_\_NO  
-Bonding/grounding of tank trailer.....\_\_YES \_\_NO  
-Are sump samples collected for “clear and bright”, “white porcelain bucket” or  
“Aqua-glo” water content tests?.....\_\_YES \_\_NO  
- Inspection of connections and hoses.....\_\_YES \_\_NO  
And all other procedures required by applicable standards.....\_\_YES \_\_NO



## **Section 6 Home Heating Fuel Supplemental Application**

1. What is the percentage of fuel delivery to: Residential customers \_\_\_% Commercial customers \_\_\_%

2. Do you perform tank service, installation or removal? \_\_\_ YES \_\_\_ NO If YES, please describe: \_\_\_\_\_  
\_\_\_\_\_

Required: What are the receipts from the service work? \_\_\_\_\_ Total receipts? \_\_\_\_\_

3. Are there any subcontracted operations? \_\_\_ YES \_\_\_ NO If YES, please describe: \_\_\_\_\_  
\_\_\_\_\_

4. What is the percentage of Automatic Fill customers \_\_\_\_\_% Will Call customers \_\_\_\_\_%

What percentage of Will Call customers are repeat customers? \_\_\_\_\_%

Automatic Fill – How does the insured monitor customer consumption? \_\_\_\_\_

5. Are customers notified of excess usage? \_\_\_ YES \_\_\_ NO If YES, what action is taken? \_\_\_\_\_  
\_\_\_\_\_

6. For Will Call customers, how does the insured confirm the gallons of fuel requested? \_\_\_\_\_  
\_\_\_\_\_

7. Is there a procedure for “sticking” UST and large commercial tanks?..... \_\_\_ YES \_\_\_ NO

8. Describe the procedures to determine that visible fill spouts are connected to tank inuse: \_\_\_\_\_  
\_\_\_\_\_

9. Describe training for loading and unloading: \_\_\_\_\_  
\_\_\_\_\_

10. How are drivers trained to identify fill pipes at customer locations? \_\_\_\_\_  
\_\_\_\_\_

11. Are Spill Kits carried by all trucks (service and tank)? ..... \_\_\_ YES \_\_\_ NO

12. How often are the hoses and clamps checked? \_\_\_\_\_

13. What is the distance to the nearest fuel depot? \_\_\_\_\_

14. Describe overflow prevention: \_\_\_\_\_

15. Asphalt Dealer?..... \_\_\_ YES \_\_\_ NO \_\_\_ Hot Mix \_\_\_ Cold Mix

16. Service Historic Homes?..... \_\_\_ YES \_\_\_ NO Soil Basement? \_\_\_ YES \_\_\_ NO

Home on National Register?..... \_\_\_ YES \_\_\_ NO

List Address: \_\_\_\_\_

17. Percentage of residences serviced with tank outside of the basement: \_\_\_\_\_%

Are Will Call customers tanks and fill pipes inspected before fill? ..... \_\_YES \_\_NO  
Additional serve charge? \_\_\_\_\_

18. What is the distance to the nearest creek, stream, river, etc? \_\_\_\_\_

## Section 7 Used Oil / Bulk Oil Application

Current Date: \_\_\_\_\_ (Please Print or Type)

APPLICANT NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

1. <input type="checkbox"/> Recycler	_____	annual gallons	_____	% of total
<input type="checkbox"/> Transporter/Collector/Hauler	_____	annual gallons	_____	% of total
<input type="checkbox"/> Other (Specify) _____	_____	annual gallons	_____	% of total
		TOTAL GALLONS	_____	%

2. Total gross sales from all operations: \$ \_\_\_\_\_

3. Describe all Treatment, Recycling, Blending and Reclamation operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Final Product Use: \_\_\_\_\_

5. Is the owner active in the management of the firm? .....  YES  NO

6. Management has \_\_\_\_\_ years of experience in the business.

7. Name of the person responsible for the DOT compliance: \_\_\_\_\_

8. Applicant's EPA Registration Number: \_\_\_\_\_

9. Does the applicant have all necessary State/County/City Operating Permits? .....  YES  NO

10. Does the facility have written operating procedures? .....  YES  NO

11. Does the applicant have Spill Control and Countermeasures (SPCC) Plan? .....  YES  NO

12. Does the applicant have a test documentation program? .....  YES  NO

13. List states of operation: \_\_\_\_\_

14. Has the facility ever been cited, fined or otherwise been in violation of EPA or State Regulations?  
.....  YES  NO

15. Is used oil tested at the pickup point? .....  YES  NO

What is the procedure is hazardous waste is identified? \_\_\_\_\_  
\_\_\_\_\_

16. Does the receiving plant have a testing laboratory? .....  YES  NO

Is an outside lab used? .....  YES  NO

17. Any operations, past or present, involving hazardous waste? .....  YES  NO

If YES, describe: \_\_\_\_\_  
\_\_\_\_\_

18. Any exposures to: rivers, lakes, streams, or other water sites? .....  YES  NO

If YES, describe: \_\_\_\_\_  
\_\_\_\_\_

19. Are there any water wells nearby? .....  YES  NO

If YES, what is the distance away? \_\_\_\_\_

20. Does the applicant have a permit to discharge waste water? .....  YES  NO

21. Applicant maintains \_\_\_\_\_ bulk storage plants, located as follows:

**Tanks**

Indicate Loc# / Street Address / City / State	Above Ground Storage	Below Ground Storage	Fenced?	Diked?	Distance to Nearest Bldg Non-Owned	Total Gallon Capacity
( ) _____	___	___	Y / N	Y / N	_____ ft.	_____
( ) _____	___	___	Y / N	Y / N	_____ ft.	_____
( ) _____	___	___	Y / N	Y / N	_____ ft.	_____

(Use extra sheet if additional space is needed – Be sure to include above information for all locations.)

**PLEASE ATTACH PHOTOS OF ALL LOCATIONS INCLUDING TANKS, BUILDINGS AND OTHER EXPOSURES AS NECESSARY.**

22. Construction of all dikes and dike floors are concrete or other impervious material?.....  YES  NO

23. Are locations within city limits or fire protection zone?.....  YES  NO

If NO, distance to fire station? \_\_\_\_\_ Hydrant? \_\_\_\_\_ Arranged fire protection service?.....  YES  NO

24. Are any storage plants owned by applicant?.....  YES  NO

25. Are there any operations conducted by others on any of the applicant’s premises?.....  YES  NO

If YES, fully describe or attach a separate sheet: \_\_\_\_\_

26. Who delivers or hauls any product to applicant’s storage plant(s)?.....  YES  NO

27. Does the insured haul any product that does not belong to him?.....  YES  NO

If YES, what is the percentage of "Carry for Hire" to total gallons hauled: \_\_\_\_\_%

If YES, describe in detail including nature of product hauled: \_\_\_\_\_

28. Insured employs \_\_\_\_\_ persons, divided as follows.

_____ Tractor-Trailer Drivers	_____ Plant Manager	_____ Custodial or Maintenance
_____ Tank-Truck Drivers	_____ Mechanics	_____ Cler. Empl. Incl. Ofc. Mgrs.
_____ Outside Salespersons	_____ Servicepersons	_____ Other (describe)

29. Is each employee trained in emergency procedures in the event of product leak and/or fires?...  YES  NO

30. Do drivers report all vehicle deficiencies in writing?.....  YES  NO

31. Who is responsible for maintaining vehicles? Owner Other Be Specific: \_\_\_\_\_

32. What filings are required? \_\_\_\_\_

33. Vehicle garaging or parking location is: Secured Unsecured

34. Maximum fleet concentration value at any one location is: \$ \_\_\_\_\_

35. Basis for driver remuneration is: Salary Trip Mileage Hourly Other

36. Daily driving hours are limited to not more than \_\_\_\_\_ hours.

37. Are vehicles equipped with emergency equipment?.....  YES  NO

38. What is the employee turnaround ratio? Drivers \_\_\_\_\_% per year Others \_\_\_\_\_% per year

39. Minimum and maximum ages for hiring driver: \_\_\_\_\_

40. Minimum experience in this business required for hiring: \_\_\_\_\_

41. Physical examination required? Driver Y / N Servicepersons Y / N Other Y / N

42. Explain the nature of applicant's training program including loading/unloading: \_\_\_\_\_

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43. Is there an emergency plan in place for drivers in the event of a spill? .....  YES  NO

44. Are drivers' MVRs checked prior to hire? .....  YES  NO

If NO, will the insured consider the hire to be probationary until checked? .....  YES  NO

45. Is any driver under 25 or over 60 years of age? .....  YES  NO

If YES, please call the Underwriter.

46. Does any driver have a DWI, or more than two accidents/violations in three years?.....  YES  NO

(If YES on either #45 or #46, identify on attached Driver List.)

47. Does the applicant lease or loan storage tanks and/or other equipment to others? .....  YES  NO

If YES, please describe: \_\_\_\_\_

Is there a written contract?.....  YES  NO

If YES, is the lessee holding the applicant harmless? .....  YES  NO

48. Does the applicant own building(s) and/or property leased out to others?.....  YES  NO

If YES, please provide the addresses and occupancies: \_\_\_\_\_

Does each tenant carry premises liability insurance with at least \$1,000,000 limits AND name the applicant as an additional insured on the tenant's policy AND hold applicant harmless? .....  YES  NO

49. Does the applicant own or conduct any operation not described in this Questionnaire? (Such as, but not limited to, antifreeze, contaminated soil, clean-up services, florescent bulbs, consulting services, etc.).  YES  NO

If YES, fully describe: \_\_\_\_\_

50. Does the applicant have a pollution policy fully in force?.....  YES  NO





## APPLICANT'S STATEMENT

I have read the attached applications and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.

Named Insured's Signature \_\_\_\_\_

Date \_\_\_\_\_

Agency Name \_\_\_\_\_

Agent's Signature \_\_\_\_\_

Date \_\_\_\_\_

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, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION, AND CONFINEMENT IN A STATE PRISON.