



Fuel Oil Dealers Supplemental Questionnaire

Broker: _____

Insured: _____

Insured Address: _____

Effective Date: _____

Section I Operational Summary

Please provide a narrative of the Insureds operations (Include all entities, and reference entities to be excluded, if any):

Years in Business: _____

of Employees: _____

Union or Non-Union: _____

If Union, % of participation: _____

Insured Operations (Owned, Operated or Leased):

	Operations		Gallons	Gross Revenue	Payroll
Fuel Oil/Diesel Delivery:	Yes	No	_____	\$ _____	\$ _____
HVAC:	Yes	No	_____	\$ _____	\$ _____
Gas Service Stations:	Yes	No	_____	\$ _____	\$ _____
Convenience Stores:	Yes	No	_____	\$ _____	\$ _____
Petroleum Distrib. for Others:	Yes	No	_____	\$ _____	\$ _____
Automotive Repair:	Yes	No	_____	\$ _____	\$ _____
Car Wash:	Yes	No	_____	\$ _____	\$ _____
Terminal Facilities / Wholesale:	Yes	No	_____	\$ _____	\$ _____
Other (Describe Above):	Yes	No	_____	\$ _____	\$ _____

Section II Vehicle Information

Weight & Type	Local (0-50)	Intermediate (50-200)	Long Haul (200+)
Private Passenger Cars:	_____	_____	_____
Light Trucks:	_____	_____	_____
Medium Trucks (Fuel Oil, Diesel, Kerosene):	_____	_____	_____
Medium Trucks (Gasoline, LPG):	_____	_____	_____
Medium Trucks (Other):	_____	_____	_____
Heavy Trucks (Fuel Oil, Diesel, Kerosene):	_____	_____	_____
Heavy Trucks (Gasoline, LPG):	_____	_____	_____
Heavy Trucks (Other):	_____	_____	_____
Extra Heavy Trucks (Fuel Oil, Diesel, Kerosene):	_____	_____	_____
Extra Heavy Trucks (Gasoline, LPG):	_____	_____	_____
Extra Heavy Trucks (Other):	_____	_____	_____
Tractors (Fuel Oil, Diesel, Kerosene):	_____	_____	_____
Tractors (Gasoline, LPG):	_____	_____	_____
Tractors (Other):	_____	_____	_____
Trailers:	_____	_____	_____

Percentage of Product Hauled: Fuel Oil: _____% Diesel: _____% Gasoline: _____% LPG: _____% Other: _____%

Does the Insured haul for others? Yes No

If yes, what product is the Insured hauling for others?

- Gasoline? Yes No Explain: _____
- Other? Yes No Explain: _____

What is hauling for others as a percentage of total operations? _____%

Are vehicles driven interstate? Yes No

Are any of the insured vehicles brought home by employees? Yes No

If Yes, please explain how many, how often, and by whom? _____

Are some vehicles laid-up in the off season? Yes No

If yes, are vehicle license plates:

- Returned to the DMV? Yes No
- Kept in a Safe? Yes No On Premises or Off Premises? _____

Section III

Fuel Oil Delivery, HVAC & Related Operations

Service Sectors: Residential _____% Commercial _____% Industrial _____%

% of customers that are: Automatic Fill _____% Call in _____%

Boiler Work:	Yes	No	If yes, circle ALL that apply:	Installation	Sales	Service
Electrical / Fiber-optic Work:	Yes	No				
Plumbing Work	Yes	No				
Burglar &/or Fire Alarm Installation:	Yes	No				
Sprinkler System Installation:	Yes	No				

Does the Insured install, or contract to install, EIFS (Exterior Installation Finishing Systems)? Yes No

Does the Insured perform mold inspection and or assessment operations? Yes No

Does the Insured perform mold abatement and or remediate? Yes No

Has the Insured established any precautions to prevent mold development / exposure? Yes No

Section IV

Gasoline Service Station & Related Operations

Please indicate the number of locations, by type:	Owned	Operated	Leased	TOTAL
Gasoline Service Stations w/ C Store:	_____	_____	_____	_____
Gasoline Service Stations w/o C Store:	_____	_____	_____	_____
Automotive Repair Shops:	_____	_____	_____	_____
Car Wash Locations:	_____	_____	_____	_____

Number of gasoline service stations that are: Full Service _____ Self Service _____ Open 24/7 _____

Are security cameras on premises? Yes No

Are there liquor sales? Yes No If Yes, the annual receipts are: \$ _____

Are there tobacco sales? Yes No

Are there tire Sales? Yes No If Yes, how are tires disposed of? _____

Is automotive repair or service work performed? Yes No

Are there automotive parts or vehicle sales? Yes No If Yes, describe: _____

Does the Insured sell or service propane tanks? Yes No

If yes, are the tanks properly stored, kept out of direct sunlight, fenced and locked? Yes No

Is there a dedicated person on staff to perform maintenance and oversight? Yes No

Other In-force Insurance (Please provide details where applicable):

Garage Keepers Liability Policy: Yes No If Yes, Policy #, Carrier and Expiration: _____

Automobile Service Center Policy: Yes No If Yes, Policy #, Carrier and Expiration: _____

Liquor Liability Policy: Yes No If Yes, Policy #, Carrier and Expiration: _____

**Section V
Premises**

Type	# of Tanks Above Ground	# of Tanks Below Ground	Gallons
Gasoline:	_____	_____	_____
Fuel Oil:	_____	_____	_____
Propane/LPG:	_____	_____	_____
Diesel:	_____	_____	_____
Other (_____):	_____	_____	_____
TOTAL:	_____	_____	_____

Describe exposures immediately surrounding the premises and their distance from tanks: _____
 Are all above ground tanks fenced & diked to meet EPA standards? Yes No

**Section VI
Safety & Loss Control Provisions**

Is a formal safety Director employed? Yes No
 If Yes, please provide: Name _____ Telephone: _____

- | | | | |
|----------------------------------------------------------------------------|-----|----|----------------------|
| Is there a formal safety program? | Yes | No | If No, explain below |
| Is there an employee training program? | Yes | No | If No, explain below |
| Are employee MVR's checked prior to hiring and monitored annually? | Yes | No | If No, explain below |
| Are pre-employment drug screens performed? | Yes | No | If No, explain below |
| Is there a formal vehicle maintenance program? | Yes | No | If No, explain below |
| Does the Insured follow OSHA standards for promoting a safe workplace? | Yes | No | If No, explain below |
| Does the Insured have a Certified Drug-Free workplace? | Yes | No | If No, explain below |
| Does the Insured conduct accident investigations: | Yes | No | If No, explain below |
| Is the public kept at a safe distance from all of the Insureds work areas? | Yes | No | If No, explain below |
| Is all equipment maintained in good condition? | Yes | No | If No, explain below |
| Are premises in good condition and well maintained? | Yes | No | If No, explain below |

If applicable, please describe below procedures in place to prevent erroneous delivery.
 Explanation: _____

- | | | | |
|---------------------------------------------------------------------------------------|-----|----|-----------------------|
| Is the Insured currently involved in any open litigation? | Yes | No | If Yes, explain below |
| Is the Insured currently aware of any situation that may result in future litigation? | Yes | No | If Yes, explain below |
| Has the Insured ever been cited for safety violations? | Yes | No | If Yes, explain below |

Explanation: _____

 Name

 Title

 Signature

 Date