



Salt Lake City Area Office
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PETROLEUM DISTRIBUTOR

A. General Information

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_ Applicant's SS# or FEIN: \_\_\_\_\_

Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

Is this a new business?  Yes  No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: \_\_\_\_\_

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**B. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

|                 | Coverage: | Coverage: | Coverage: |
|-----------------|-----------|-----------|-----------|
| Company Name    |           |           |           |
| Expiration Date |           |           |           |
| Annual Premium  | \$        | \$        | \$        |

Has the Applicant or any predecessor ever had a claim?  Yes  No

Completed Claims and Loss History form attached (REQUIRED)?  Yes  No

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

**C. Other Insurance**

Please provide the following information for all other business-related insurance the Applicant currently carries.

|                 | 1  | 2  | 3  |
|-----------------|----|----|----|
| Coverage Type   |    |    |    |
| Company Name    |    |    |    |
| Expiration Date |    |    |    |
| Annual Premium  | \$ | \$ | \$ |

**D. Desired Insurance**

Per Act/Aggregate OR Per Person/Per Act/Aggregate

|                       |                       |                       |                                 |
|-----------------------|-----------------------|-----------------------|---------------------------------|
| <input type="radio"/> | \$50,000/\$100,000    | <input type="radio"/> | \$25,000/\$50,000/\$100,000     |
| <input type="radio"/> | \$150,000/\$300,000   | <input type="radio"/> | \$75,000/\$150,000/\$300,000    |
| <input type="radio"/> | \$250,000/\$1,000,000 | <input type="radio"/> | \$100,000/\$250,000/\$1,000,000 |
| <input type="radio"/> | \$500,000/\$1,000,000 | <input type="radio"/> | \$250,000/\$500,000/\$1,000,000 |
| <input type="radio"/> | Other: _____          | <input type="radio"/> | Other: _____                    |

Self-Insured Retention (SIR):  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**E. Business Activities**

1. Sales:

|   | Annual Gallons | Annual Sales | % of Total  |
|---|----------------|--------------|-------------|
| Wholesale Distribution of Gasoline and Diesel Fuels |                |              | %           |
| Retail Sale of Gasoline and Diesel Fuels            |                |              | %           |
| Home Heating Oil Distributor or Dealer              |                |              | %           |
| Wholesale Distribution of Liquid Propane (LP) Gas   |                |              | %           |
| Other: _____  |                |              | %           |
| <b>Totals:</b>                                      |                |              | <b>100%</b> |

2. Is the owner active in the management of the operation?  Yes  No

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

| Loc # | Address | City | Fenced?<br>(Circle one) | Diked?<br>(Circle one) | Distance to nearest non-owned bldg. | Total Gallon Capacity | Product Stored |
|-------|---------|------|-------------------------|------------------------|-------------------------------------|-----------------------|----------------|
|       |         |      | Yes No                  | Yes No                 |                                     |                       |                |
|       |         |      | Yes No                  | Yes No                 |                                     |                       |                |
|       |         |      | Yes No                  | Yes No                 |                                     |                       |                |

4. Are locations within city limits or fire protection zone?  Yes  No  
 If no, distance to fire station: \_\_\_\_\_ hydrant: \_\_\_\_\_ fire protection: \_\_\_\_\_

5. Describe bulk plant neighborhood: \_\_\_\_\_  
 \_\_\_\_\_

6. Describe housekeeping of bulk plant: \_\_\_\_\_  
 \_\_\_\_\_

7. Describe maintenance of bulk plant: \_\_\_\_\_  
 \_\_\_\_\_

8. Describe alarm system: \_\_\_\_\_  
 \_\_\_\_\_

9. Any distribution of aviation fuel, jet fuel, racing fuel, etc.?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Does operation include any distribution of product by pipeline?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Does Applicant lease (or sublease) any service stations to others?  Yes  No  
If yes, are lessees required to name Applicant as an additional insured?  Yes  No  
Also, are lessees required to provide Applicant with certificates of insurance?  Yes  No

12. Does Applicant operate any convenience stores/gasoline stations?  Yes  No  
If yes, what are the average hours of operation? \_\_\_\_\_ To \_\_\_\_\_ or  24 hours

13. Does Applicant have liquor sales?  Yes  No  
If yes, what are the total annual gross receipts from liquor sales? \_\_\_\_\_

14. Distributor's brand(s):  Arco  BP  Chevron  Conoco  Exxon  Mobil  Shell  Texaco  
 Unocal  Other: \_\_\_\_\_

15. Who delivers or hauls product(s) to Applicant's storage plant(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Does Applicant haul any product not owned by Applicant?  Yes  No  
If yes, what is the percentage of "carry for hire" to total gallons hauled? \_\_\_\_\_ %  
Describe "carry for hire" operations in detail, including nature of product hauled: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Please identify how many employees Applicant has for each category below:  
\_\_\_\_\_ Tractor-Trailer Drivers \_\_\_\_\_ Plant Managers \_\_\_\_\_ Service Station Staff  
\_\_\_\_\_ Tank-Truck Drivers \_\_\_\_\_ Plant Mechanics \_\_\_\_\_ Convenience Store Staff  
\_\_\_\_\_ Outside Salespeople \_\_\_\_\_ Plant Servicemen \_\_\_\_\_ Clerical, etc. Staff

18. Do all employees regularly attend safety school?  Yes  No  
If yes, how often are meetings held? \_\_\_\_\_

19. Is each employee trained in plant emergency procedures in the event of fuel leaks and/or fire?  Yes  No

20. Do all employees know the location and operation of the Emergency Shut Off Valve?  Yes  No

21. If LPG is sold, what training is required/provided for persons dispensing propane? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Who is dispensing propane? List employee names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Do vehicle drivers report all vehicle deficiencies in writing?  Yes  No

23. Who is responsible for maintaining vehicles?  Owner  Other: \_\_\_\_\_

24. How often is vehicle maintenance performed? \_\_\_\_\_

25. Overall condition of vehicles is: \_\_\_\_\_

26. Vehicle garaging or parking is:  Secured  Unsecured  Enclosed

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

28. Basis of driver compensation is:  Salary  Trip  Mileage  Hourly
29. Daily driving hours are limited to not more than \_\_\_\_\_ hours.
30. Are vehicles equipped with emergency equipment?  Yes  No  
If yes, explain: \_\_\_\_\_
31. What is the employee turnover ratio? Drivers: \_\_\_\_\_% per year      Servicemen: \_\_\_\_\_% per year
32. Minimum and maximum ages for hiring: Drivers: \_\_\_\_\_ Min \_\_\_\_\_ Max  
Others: \_\_\_\_\_ Min \_\_\_\_\_ Max
33. Minimum experience in this business required for hire: \_\_\_\_\_ years
34. Are physical examinations required? Drivers:  Yes  No      Servicemen:  Yes  No
35. Explain the nature of the Applicant's drivers' training program, including loading and unloading procedures:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
36. Are drivers' MVR checked prior to hire?  Yes  No  
If no, is driver probationary until MVR is checked?  Yes  No
37. Are MVRs reviewed after initial hiring?  Yes  No  
If yes, how often? \_\_\_\_\_
38. What is "acceptable" MVR activity for drivers? \_\_\_\_\_  
\_\_\_\_\_
39. Is any tank or bobtail driver under 25 or over 60 years old?  Yes  No
40. Does Applicant contract with any airport?  Yes  No  
If yes, what products are trucked? \_\_\_\_\_  
\_\_\_\_\_
41. Does the Applicant own or conduct any operation not described in the is application?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name