



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: _____

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

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

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
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<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: _____			%
Totals:			100%

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? (Circle one)	Diked? (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