

**ENERGY GENERAL SUPPLEMENTAL APPLICATION  
(PROPANE, GASOLINE, FUEL OIL)**

**NAMED INSURED:** \_\_\_\_\_

**AGENT:** \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** \_\_\_\_\_

1, What year was the business started or acquired? \_\_\_\_\_

2. List any industry associations to which you belong: \_\_\_\_\_  
\_\_\_\_\_

3, Please provide a description of your operations: \_\_\_\_\_  
\_\_\_\_\_

4. Percentage of business:

| <b>Fuel Type</b>     | <b>Percentage</b> |
|----------------------|-------------------|
| Gasoline             | %                 |
| Fuel Oil             | %                 |
| Propane              | %                 |
| Other:               |                   |
|                      | %                 |
|                      | %                 |
| C Store/Gas Stations | %                 |

Complete special supplemental application for Gasoline/Fuel Oil, Propane and C Store/Gas Stations.

5. What states do you operate in? \_\_\_\_\_

6. Describe any discontinued products/or services including discontinued sale, refurbishing, fabrication, installation, Removal of any type of equipment, parts, or tanks:

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7. If more than one named insured, list and describe ownership/date acquired or stated and operations:

Name: \_\_\_\_\_ Ownership: \_\_\_\_\_

Date acquired/started: \_\_\_\_\_

Operations: \_\_\_\_\_

Name: \_\_\_\_\_ Ownership: \_\_\_\_\_

Date acquired/started: \_\_\_\_\_

Operations: \_\_\_\_\_

Name: \_\_\_\_\_ Ownership: \_\_\_\_\_

Date acquired/started: \_\_\_\_\_

Operations: \_\_\_\_\_

8. Additional Insureds – list and describe relationship or involvement with named insured(s):

ADDITIONAL INSURED: \_\_\_\_\_

RELATIONSHIP/INVOLVEMENT WITH NAMED INSURED(S): \_\_\_\_\_

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ADDITIONAL INSURED: \_\_\_\_\_

RELATIONSHIP/INVOLVEMENT WITH NAMED INSURED(S): \_\_\_\_\_

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ADDITIONAL INSURED: \_\_\_\_\_

RELATIONSHIP/INVOLVEMENT WITH NAMED INSURED(S): \_\_\_\_\_

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ADDITIONAL INSURED: \_\_\_\_\_

RELATIONSHIP/INVOLVEMENT WITH NAMED INSURED(S): \_\_\_\_\_

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ADDITIONAL INSURED: \_\_\_\_\_

RELATIONSHIP/INVOLVEMENT WITH NAMED INSURED(S): \_\_\_\_\_

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ADDITIONAL INSURED: \_\_\_\_\_

RELATIONSHIP/INVOLVEMENT WITH NAMED INSURED(S): \_\_\_\_\_

9. Do others conduct operations of any type on your premise(s)?  Yes  No  
 If yes, complete the following:

| Location | Name/type of operation | Do you have a certificate of insurance from them for general liability/auto with at least \$1,000,000 limits? | Do the certificates of insurance show you as an additional insured on their policy? | Do you have a contractual hold harmless in your favor?   |
|----------|------------------------|---|---|--|
|          |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|          |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|          |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|          |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Attach addendum if needed.

If you are not sure, we can help you review your information to determine the answers.  
 If coverage is written, we will do a review of the documentation.

10. Do you hire contractors to do any type of work for you (this includes things like installations, service/maintenance of equipment, truckers to transport your property, etc.)?  Yes  No

If yes, complete the following:

| Location | Name/type of operation | Do you have a certificate of insurance from them for general liability/auto with at least \$1,000,000 limits? | Do the certificates of insurance show you as an additional insured on their policy? | Do you have a contractual hold harmless in your favor?   |
|----------|------------------------|---|---|--|
|          |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Attach addendum if needed

If you are not sure, we can help you review your information to determine the answers.  
If coverage is written, we will do a review of the documentation.

11. What are your requirements for hiring drivers (experience, road tests, other)? \_\_\_\_\_

\_\_\_\_\_

12. Do you check MVR's prior to hiring staff who will drive company vehicles?  Yes  No

If yes, what is your standard for what is an acceptable driving record? \_\_\_\_\_

\_\_\_\_\_

13. Do you have a drug/alcohol testing program for employees prior to hire and ongoing after hiring?  Yes  No

If yes, describe including criteria for pass/fail (i.e. is it a zero tolerance policy): \_\_\_\_\_

\_\_\_\_\_

a. Have any exceptions been made for drivers who do not meet your MVR or drug/alcohol testing standards?  Yes  No

14. Are employees allowed personal use of company vehicles?  Yes  No

If yes, describe who and if any conditions: including criteria for pass/fail: \_\_\_\_\_

\_\_\_\_\_

a. Are employee families allowed personal use of company vehicles?  Yes  No

If yes, describe who and if any conditions: \_\_\_\_\_

\_\_\_\_\_

b. Do you have a written company policy on personal use of company vehicles?  Yes  No

If yes, please attach copy.

15. How many deliveries per day are drivers required to make? \_\_\_\_\_

\_\_\_\_\_

a. How are delivery drivers' activities monitored? \_\_\_\_\_

16. Do you transport or haul property of others?  Yes  No

If yes, describe commodity type, radius, receipts, etc.: \_\_\_\_\_

17. Do you carry Workers' Compensation on all employees?  Yes  No

If yes, what is your experience modifier? \_\_\_\_\_

18. Are there any leased employees?  Yes  No

If yes, how many and are they also covered under your workers' compensation policy? \_\_\_\_\_

19. Describe any employee training programs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: THIS ENTIRE FORM MUST BE COMPLETED. WE DO NOT ACCEPT APPLICATIONS THAT ARE NOT SIGNED AND DATED.**

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_