



**PETROLEUM/FUEL OIL
SUPPLEMENTAL APPLICATION**

NAMED INSURED: _____

PROPOSED EFFECTIVE DATE: _____

1, Provide petroleum gallons/fuel oil gallons sold by types of Customer:

List estimated annual gallons for each customer group by fuel type.	Petroleum	Fuel Oil	Other/Type	Other/Type
Retail – sold to personal end users				
Retail – sold to commercial end users				
Wholesale – sold to other dealers or distributors				
Drop Shipped – picked up from non-owned terminal and delivered direct to wholesaler				
Brokerage – paper transaction only – no physical possession of product				

2, Do you have a security plan in conformance with DOT HM 232? Yes No

If yes, please attach a copy.

3, Do you have an EPA approved Spill Prevention Control and Countermeasure Plan in place? Yes No

If yes, please attach a copy of approval or license.

4, Do you supply (rent, lease, loan, sell) or install/service or remove any type of equipment, pumps, or tanks? Yes No

If yes, describe: _____

5, Do you do any loading/unloading from any kind of watercraft or barges? Yes No

If yes, describe: _____

6. Do you do any fueling or aircraft or watercraft? Yes No

If yes, describe: _____

7. Describe any testing or other controls utilized to verify that fuel picked up or delivered is the correct type:

8. Are all delivery vehicles equipped with spill containment equipment? Yes No

If yes, describe: _____

9. Do you have any agreements in place with HAZMAT cleanup contractors for spills in transit? Yes No

If yes, who and what is their 24/7 response time? _____

10. Are all delivery vehicles equipped with emergency communication devices (cell phones, CB radios) and emergency phone numbers for HAZMAT cleanup contractor and claim reporting? Yes No

11. Bulk Plants:

Identify Tank					
Type of Fuel					
Above Ground/Gallons Capacity					
Below Ground/Gallons Capacity					
Is the tank diked?	<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
What type of material is dike made of?					
Type of dike flooring Material					
Fenced	<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
Type of leak monitoring System					

a. For gasoline products: during loading/unloading are grounding cables connected between the tanker and loading rack? Yes No

- b. For gasoline products: are all vehicles or loading racks equipped with deep spout tanks or bottom filling tanks? Yes No
- c. Applicable to all fuel types: do you have insurance for pollution losses? Yes No
- If yes, attach copy of policy declarations page.

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

COMPLETED BY: _____ DATE: _____

TITLE: _____