



**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:

Fuel Type	Percentage
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:

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): _____

ADDITIONAL INSURED: _____

RELATIONSHIP/INVOLVEMENT WITH NAMED INSURED(S): _____

ADDITIONAL INSURED: _____

RELATIONSHIP/INVOLVEMENT WITH NAMED INSURED(S): _____

ADDITIONAL INSURED: _____

RELATIONSHIP/INVOLVEMENT WITH NAMED INSURED(S): _____

ADDITIONAL INSURED: _____

RELATIONSHIP/INVOLVEMENT WITH NAMED INSURED(S): _____

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: _____

