



CRUM & FORSTER

EST. 1822 A FAIRFAX COMPANY

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1. Provide gallons sold by type of customer

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PETROLEUM

Type of customer	Petroleum	Fuel Oil	Other/Type
Retail – sold to personal end users			
Commercial – sold to commercial end users			
Wholesale – sold to other dealers or distributors for resale			
Drop Shipped – picked up from non-owned terminal and delivered direct to customer			
Brokerage – paper transaction only – no physical possession of product			

2. Do you have bulk plant storage? (NON-LPG) Please List Below:

Address				
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
What type of material is dike and floor?				
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
Type of leak monitoring system				

3. Do you have a security plan in conformance with DOT HM 232? Yes No

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

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

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

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

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

9. Are all delivery vehicles equipped with emergency communication devices and emergency phone numbers for HAZMAT cleanup contractor and claim reporting? Yes No

10. For gasoline products, are all vehicles or loading racks equipped with deep spout tanks or bottom filling tanks? Yes No

HOME HEATING OIL

1. For a basement fill, do you confirm the fill line is connected to the tank prior to each fill? Yes No

2. For a basement fill, do you confirm there is a working vent/whistle alarm in place near the fill pipe? Yes No

3. If a fill line is no longer in use, has it been properly disabled to prevent filling? Yes No

4. Do you have a "No Whistle – No Fill" policy? Yes No



1. Do you have a C Store location? Please list below.

Address			
Hours of Operation			
Inside or Outside Surveillance Cameras?	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both <input type="checkbox"/> None
Any check cashing for a fee operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ATM's located inside or outside?	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both <input type="checkbox"/> None
Car wash automatic or manual (wand/brush operated by customer)?	<input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> None	<input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> None	<input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> None
Any propane bottle exchange or bottle fill operations?	<input type="checkbox"/> Bottle Exchange <input type="checkbox"/> Bottle Fill <input type="checkbox"/> None	<input type="checkbox"/> Bottle Exchange <input type="checkbox"/> Bottle Fill <input type="checkbox"/> None	<input type="checkbox"/> Bottle Exchange <input type="checkbox"/> Bottle Fill <input type="checkbox"/> None
What are the average/max. amounts of cash on the premises?	_____ Avg. _____ Max	_____ Avg. _____ Max	_____ Avg. _____ Max
Are there any deep fat fryers for cooking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes,			
- Is there a automatic extinguishing system in hood, duct, and covering cooking surfaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Is there a thermostatic control with auto-automatic fuel shutoff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Have you contracted for cleaning of the hood, ducts filters?	<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 alcohol is sold?	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor
Alcohol annual receipts \$			

2. Have arrangements been made for prompt removal of snow and ice? Yes No
If yes, describe: _____

3. Are any firearms kept or brought on to the premises by employees? Yes No
If yes, describe: _____

4. Are there any machines (games of chance) on any of the premises that award money, or prizes, points/tokens that can be redeemed for merchandise? Yes No
If yes, describe: _____

5. Do any of the premises have showers or sleeping facilities? Yes No
If yes, describe: _____

6. Do any of the premises sell fireworks or allow fireworks to be sold by others at any time during the year? Yes No
If yes, describe: _____

7. Do you sublease any part of the premises to another business operation (motor vehicle repair/sales, restaurants, Laundromats, etc.)? Yes No
If yes, do you get a Certificate of Insurance? Yes No
8. Comments on frequency of deposits, use of time lock safes, and any measures used to reduce crime exposure:

9. What type of training do employees receive in age verification for alcohol and cigarette sales?

