Outside sales: \_\_\_\_\_

 $\square$ YES

□YES □YES

□YES

 $\square$ YES

 $\square$ YES

□NO □NO

 $\square$ NO

 $\square$ NO

 $\square$ NO

 $\square$ NO



## PROPANE & PETROLEUM SUPPLEMENTAL APPLICATION Producer / Agency Name: Effective Date: Account Name: \_\_\_\_\_ Quote Need by Date: \_\_\_\_\_ Physical Address: \_\_\_\_\_ **Target Premium** Risk Engineering Contact Information Name: Package (less auto) \$ Auto \$ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Workers' Comp \$ Excess/Umbrella \$ **General Questions** Please submit completed ACORD applications, this supplemental application and no less than 5 years of currently valued loss runs (within 90 days of effective date). **Operations** List each Named Insured Description of DOT # & MC # FEIN# Years in operations business Please answer the questions below: 1. Years current ownership: \_\_\_\_\_ Number of Years current manager has been within your industry(s)? $\square$ YES $\square$ NO • Have there been any changes in management in the past 5 years? 2. Do you have any discontinued operations or services? □YES $\square$ NO 3. List all industry association memberships: \_ **Fleet and Driver Ouestions** 4. Total # of employees: \_\_\_\_\_ Number of CDL drivers: \_\_\_\_\_Number of non-CDL drivers: \_ 5. Number of drivers with less than 2 years driving experience of operating commercial vehicles? \_\_\_ 6. Number of CDL drivers that have been with the company for less than 2 years: \_ 7. Number of CDL drivers that have received their initial CDL within the past year: \_\_\_

MA 16 014 08 22 Page 1 of 9

Clerical Employees: \_\_\_\_\_

12. Do you have a specific documented driver orientation program for new hires that

8. Enter number of drivers for each category below:

10. Do you have minimum driver hiring standards?

9. Do you have a written driver safety policy?

• If yes, are they written?

Mechanics: \_\_\_\_\_

Tractor/Truck Drivers \_\_\_\_\_ Bobtail Drivers: \_\_\_\_\_

11. Are road tests performed as part of your hiring process?

includes safe driver safety/defensive driver topics?

13. Do you have a documented refresher driver safety program?

In Are MMR's ordered and reviewed prior to hiring all drivers?   UPES   IND			
all new and existing drivers to follow?  16. Do you have a drug/alcohol testing program?  CDL Drivers Non-CDL	14. Are MVR's ordered and reviewed prior to hiring all drivers?	□YES	□NO
16. Do you have a drug/alcohol testing program?   CDL Drivers   CNC		□YES	□NO
CDL Drivers   GYES   GNO	all new and existing drivers to follow?		
Non-CDL Drivers   IMES   INO	16. Do you have a drug/alcohol testing program?	□YES	$\square$ NO
17. Do you have cameras installed in any of your fleet vehicles?   If yes, # of commercial vehicles with cameras:   If yes, # of non-commercial vehicles (light, medium type) with cameras:   If yes, # of non-commercial vehicles (light, medium type) with cameras:   Is. Are employees, or any employee family member, allowed personal use of company vehicle?   19. Do you perform vehicle maintenance, such as with brakes, steering, tires, engines, etc.?   20. Do you bave the required PHMSA written hazmat transportation security plan?   DVES	CDL Drivers	$\square$ YES	$\square$ NO
If yes, # of commercial vehicles with cameras:  If yes, # of non-commercial vehicles (light, medium type) with cameras:  If yes, # of non-commercial vehicles (light, medium type) with cameras:  If yes, # of non-commercial vehicles (light, medium type) with cameras:  If yes, # of non-commercial vehicles (light, medium type) with cameras:  If yes, what commodities hauled, frequency and radius:  If yes, are defined and the yes, yes, have an any and yes, yes, who have a written hauled and yes, yes, and yes, yes, and yes, yes, yes, yes, yes, yes, yes, yes,			
If yes, # of non-commercial vehicles (light, medium type) with cameras:	17. Do you have cameras installed in any of your fleet vehicles?	□YES	□NO
18. Are employees, or any employee family member, allowed personal use of company vehicle?   19. Do you perform vehicle maintenance, such as with brakes, steering, tires, engines, etc.?   20. Do you have the required PHMSA written hazmat transportation security plan?   27ES   28   29   29   29   29   29   29   29	If yes, # of commercial vehicles with cameras:		
vehicle?  19. Do you perform vehicle maintenance, such as with brakes, steering, tires, engines, etc.?  20. Do you have the required PHMSA written hazmat transportation security plan?  21. Do your drivers travel through or near major metro areas (>100,000 population) to make deliveries?  22. Do you haul/transport property of others?  23. Do you unaul/transport property of others?  24. Do you have a written employee handbook?  25. Do employees have documented training for job functions they perform related to handling and transportation of propane, petroleum and/or fuel oil?  26. How often are safety meetings held and documented?  27. Do employees participate in CETP and/or other industry related/state required training?  28. Is refresher training for all employees provided and documented for job functions performed?  29. Do all employees handling hazardous materials have required hazmat training within 90 days of employment and every 3 years thereafter?  30. Is there a written accident investigation program in place to determine cause and any corrective measures to prevent reoccurrence?  31. Do you provide Workers' Compensation coverage for all employees?  32. Do you have a written personal protection equipment (PPE) program?  33. Do you have a written personal protection equipment (PPE) program?  34. Do you have a written lock out and tag program?  35. Do you have a spray paint booth to paint cylinders or tanks?  36. Do you have a spray paint booth to paint cylinders or tanks?  37. Do you perform any spray painting of tanks that require a respiratory protection program?  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  39. Is a group medical plan provided?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drives have ice cleats to wear in icy/snowy conditions?  43. Any foreign travel by employees or owners, if yes describe:	<ul> <li>If yes, # of non-commercial vehicles (light, medium type) with cameras:</li> </ul>		
19. Do you perform vehicle maintenance, such as with brakes, steering, tires, engines, etc.?   20. Do you have the required PHMSA written hazmat transportation security plan?   VES   NO make deliveries?   21. Do your drivers travel through or near major metro areas (>100,000 population) to make deliveries?   22. Do you haul/transport property of others?   VES   NO   NO   Wes   Wes   Wes   NO   Wes   Wes   NO   Wes   Wes   Wes   NO   Wes   Wes   Wes   Wes   Wes   Wes   NO   Wes	18. Are employees, or any employee family member, allowed personal use of company	□YES	$\square$ NO
etc.?  20. Do you have the required PHMSA written hazmat transportation security plan?  21. Do your drivers travel through or near major metro areas (>100,000 population) to pyes power definition of the property of others?  22. Do you haul/transport property of others?  23. Do you wall/transport property of others?  24. Do you utilize common or contract carriers? If yes, how many:  25. Do employees have documented training for job functions they perform related to pyes power handling and transportation of propane, petroleum and/or fuel oil?  26. How often are safety meetings held and documented?  27. Do employees participate in CETP and/or other industry related/state required propare, petroleum and/or fuel oil?  28. Is refresher training for all employees provided and documented for job functions performed?  29. Do all employees handling hazardous materials have required hazmat training within power and every 3 years thereafter?  30. Is there a written accident investigation program in place to determine cause and any corrective measures to prevent reoccurrence?  31. Do you provide Workers' Compensation coverage for all employees?  32. Do you have a written hazard communication program?  33. Do you have a written hazard communication program?  34. Do you have a written hazard communication program?  35. Do you have a written hazard communication program?  36. Do you have a written personal protection equipment (PPE) program?  37. Do you have a written lock out and tag program?  38. Do you have a spray paint booth to paint cylinders or tanks?  39. Do you perform any spray painting of tanks that require a respiratory protection pyes program?  30. Do you perform any spray painting of tanks that require a respiratory protection pyes power in the program of tanks that require a respiratory protection pyes power in the program of tanks that require a respiratory protection pyes power in the program (PTW)?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42.	vehicle?		
20. Do you have the required PHMSA written hazmat transportation security plan?	19. Do you perform vehicle maintenance, such as with brakes, steering, tires, engines,	□YES	□NO
21. Do your drivers travel through or near major metro areas (>100,000 population) to make deliveries?  22. Do you haul/transport property of others?  • If yes, what commodities hauled, frequency and radius:  23. Do you utilize common or contract carriers? If yes, how many:  Safety & Training Questions  24. Do you have a written employee handbook?  25. Do employees have documented training for job functions they perform related to handling and transportation of propane, petroleum and/or fuel oil?  26. How often are safety meetings held and documented?  27. Do employees participate in CETP and/or other industry related/state required training?  28. Is refresher training for all employees provided and documented for job functions performed?  29. Do all employees handling hazardous materials have required hazmat training within So old ays of employment and every 3 years thereafter?  30. Is there a written accident investigation program in place to determine cause and any corrective measures to prevent reoccurrence?  31. Do you provide Workers' Compensation coverage for all employees?  32. Do you have a written hazard communication program?  33. Do you have a written bersonal protection equipment (PPE) program?  34. Do you have a written lock out and tag program?  35. Do you have a spray paint booth to paint cylinders or tanks?  36. Do you use any silica products to remove paint from containers?  37. Do you perform any spray painting of tanks that require a respiratory protection PYES  NO  37. Do you perform any spray painting of tanks that require a respiratory protection  • If yes, are employees trained on their operation?  • If yes, are employees trained on their operation?  • If yes, are employees trained on their operation?  • If yes, are employees trained on their operation?  • If yes, are employees trained on their operation?  9 VES  NO  40. Do you participate in MPN (Medical Provider Network)?  41. Do employees/drivers have ice cleats to wear in icy/snowy conditions?			
make deliveries?  22. Do you haul/transport property of others?  If yes, what commodities hauled, frequency and radius:  23. Do you utilize common or contract carriers? If yes, how many:  Safety & Training Questions  24. Do you have a written employee handbook?  25. Do employees have documented training for job functions they perform related to handling and transportation of propane, petroleum and/or fuel oil?  26. How often are safety meetings held and documented?  27. Do employees participate in CETP and/or other industry related/state required PYES NO training?  28. Is refresher training for all employees provided and documented for job functions performed?  29. Do all employees handling hazardous materials have required hazmat training within 90 days of employment and every 3 years thereafter?  30. Is there a written accident investigation program in place to determine cause and any corrective measures to prevent reoccurrence?  31. Do you provide Workers' Compensation coverage for all employees?  32. Do you have a written hazard communication program?  33. Do you have a written personal protection equipment (PPE) program?  34. Do you have a written lock out and tag program?  35. Do you have a written lock out and tag program?  36. Do you use any silica products to remove paint from containers?  37. Do you perform any spray paint booth to paint cylinders or tanks?  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  9 (YES) NO  9 (YES) NO  9 (YES) NO  9 (YES) NO  19 (YES) NO  19 (YES) NO  29 (YES) NO  29 (YES) NO  20 (YES) NO  20 (YES) NO  20 (YES) NO  20 (YES) NO  21 (YES) NO  22 (YES) NO  23 (YES) NO  24 (Do you perform any spray painting of tanks that require a respiratory protection program?  29 (YES) NO  20 (YES) NO  20 (YES) NO  20 (YES) NO  21 (YES) NO  22 (YES) NO  23 (YES) NO  24 (Do you perform any spray painting of tanks that require a respiratory protection program?  25 (YES) NO  26 (YES) NO  27 (YES) NO  28 (YES) NO  29 (YES) NO  20 (YES) NO			
22. Do you haul/transport property of others?  If yes, what commodities hauled, frequency and radius:  23. Do you utilize common or contract carriers? If yes, how many:  Safety & Training Questions  24. Do you have a written employee handbook?  25. Do employees have documented training for job functions they perform related to handling and transportation of propane, petroleum and/or fuel oil?  26. How often are safety meetings held and documented?  27. Do employees participate in CETP and/or other industry related/state required training?  28. Is refresher training for all employees provided and documented for job functions performed?  29. Do all employees handling hazardous materials have required hazmat training within 90 days of employment and every 3 years thereafter?  30. Is there a written accident investigation program in place to determine cause and any corrective measures to prevent reoccurrence?  31. Do you provide Workers' Compensation coverage for all employees?  32. Do you have a written hazard communication program?  33. Do you have a written lock out and tag program?  34. Do you have a written lock out and tag program?  35. Do you have a spray paint booth to paint cylinders or tanks?  36. Do you have a spray paint booth to paint cylinders or tanks?  37. Do you be any silica products to remove paint from containers?  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  9 (YES) (NO)  • If yes, are employees trained on their operation?  9 (YES) (NO)  40. Do you participate in MPN (Medical Provider Network)?  9 (YES) (NO)  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  9 (YES) (NO)  43. Any foreign travel by employees or owners, if yes describe:		□YES	□NO
If yes, what commodities hauled, frequency and radius:    33. Do you utilize common or contract carriers? If yes, how many:   Safety & Training Questions	make deliveries?		
Safety & Training Questions  24. Do you have a written employee handbook?  Do employees have documented training for job functions they perform related to handling and transportation of propane, petroleum and/or fuel oil?  26. How often are safety meetings held and documented?  27. Do employees participate in CETP and/or other industry related/state required training?  28. Is refresher training for all employees provided and documented for job functions performed?  29. Do all employees handling hazardous materials have required hazmat training within 90 days of employment and every 3 years thereafter?  30. Is there a written accident investigation program in place to determine cause and any corrective measures to prevent reoccurrence?  31. Do you provide Workers' Compensation coverage for all employees?  32. Do you have a written hazard communication program?  33. Do you have a written personal protection equipment (PPE) program?  34. Do you have a written lock out and tag program?  35. Do you have a written lock out and tag program?  36. Do you have a written lock out and tag program?  37. Do you perform any spray painting of tanks that require a respiratory protection program?  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  39. Is a group medical plan provided?  40. Do you pave a return-to-work program (RTW)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  43. Any foreign travel by employees or owners, if yes describe:  948. No	22. Do you haul/transport property of others?	□YES	□NO
Safety & Training Questions  24. Do you have a written employee handbook?   YES   NO 25. Do employees have documented training for job functions they perform related to handling and transportation of propane, petroleum and/or fuel oil?  26. How often are safety meetings held and documented?   YES   NO 27. Do employees participate in CETP and/or other industry related/state required   YES   NO 28. Is refresher training for all employees provided and documented for job functions   YES   NO 29. Do all employees handling hazardous materials have required hazmat training within   YES   NO 30. Is there a written accident investigation program in place to determine cause and any   CON 30. Is there a written accident investigation program in place to determine cause and any   CON 31. Do you provide Workers' Compensation coverage for all employees?   YES   NO 32. Do you have a written hazard communication program?   YES   NO 33. Do you have a written personal protection equipment (PPE) program?   YES   NO 34. Do you have a written lock out and tag program?   YES   NO 35. Do you have a written bock out and tag program?   YES   NO 36. Do you use any silica products to remove paint from containers?   YES   NO 37. Do you perform any spray painting of tanks that require a respiratory protection program?   YES   NO 40. Do you medical plan provided?   YES   NO 41. Do you have a return-to-work program (RTW)?   YES   NO 42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?   YES   NO 43. Any foreign travel by employees or owners, if yes describe:   YES   NO	If yes, what commodities hauled, frequency and radius:		
24. Do you have a written employee handbook?  25. Do employees have documented training for job functions they perform related to handling and transportation of propane, petroleum and/or fuel oil?  26. How often are safety meetings held and documented?  27. Do employees participate in CETP and/or other industry related/state required training?  28. Is refresher training for all employees provided and documented for job functions performed?  29. Do all employees handling hazardous materials have required hazmat training within 90 days of employment and every 3 years thereafter?  30. Is there a written accident investigation program in place to determine cause and any corrective measures to prevent reoccurrence?  31. Do you provide Workers' Compensation coverage for all employees?  32. Do you have a written hazard communication program?  33. Do you have a written personal protection equipment (PPE) program?  34. Do you have a written lock out and tag program?  35. Do you have a spray paint booth to paint cylinders or tanks?  36. Do you use any silica products to remove paint from containers?  37. Do you perform any spray painting of tanks that require a respiratory protection press.  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  39. Is a group medical plan provided?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  45. Do you.	23. Do you utilize common or contract carriers? If yes, how many:	□YES	□NO
24. Do you have a written employee handbook?  25. Do employees have documented training for job functions they perform related to handling and transportation of propane, petroleum and/or fuel oil?  26. How often are safety meetings held and documented?  27. Do employees participate in CETP and/or other industry related/state required training?  28. Is refresher training for all employees provided and documented for job functions performed?  29. Do all employees handling hazardous materials have required hazmat training within 90 days of employment and every 3 years thereafter?  30. Is there a written accident investigation program in place to determine cause and any corrective measures to prevent reoccurrence?  31. Do you provide Workers' Compensation coverage for all employees?  32. Do you have a written hazard communication program?  33. Do you have a written personal protection equipment (PPE) program?  34. Do you have a written lock out and tag program?  35. Do you have a spray paint booth to paint cylinders or tanks?  36. Do you use any silica products to remove paint from containers?  37. Do you perform any spray painting of tanks that require a respiratory protection press.  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  39. Is a group medical plan provided?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  45. Do you.	Safety & Training Questions		
25. Do employees have documented training for job functions they perform related to handling and transportation of propane, petroleum and/or fuel oil?  26. How often are safety meetings held and documented?  27. Do employees participate in CETP and/or other industry related/state required training?  28. Is refresher training for all employees provided and documented for job functions performed?  29. Do all employees handling hazardous materials have required hazmat training within 90 days of employment and every 3 years thereafter?  30. Is there a written accident investigation program in place to determine cause and any corrective measures to prevent reoccurrence?  31. Do you provide Workers' Compensation coverage for all employees?  32. Do you have a written hazard communication program?  33. Do you have a written personal protection equipment (PPE) program?  34. Do you have a written lock out and tag program?  35. Do you have a written lock out and tag program?  36. Do you use any silica products to remove paint from containers?  37. Do you perform any spray painting of tanks that require a respiratory protection pressons?  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  45. Do you have a return-to-work program (RTW)?	<u> </u>	□YFS	□NO
handling and transportation of propane, petroleum and/or fuel oil?  26. How often are safety meetings held and documented?  27. Do employees participate in CETP and/or other industry related/state required training?  28. Is refresher training for all employees provided and documented for job functions performed?  29. Do all employees handling hazardous materials have required hazmat training within 90 days of employment and every 3 years thereafter?  30. Is there a written accident investigation program in place to determine cause and any corrective measures to prevent reoccurrence?  31. Do you provide Workers' Compensation coverage for all employees?  32. Do you have a written hazard communication program?  33. Do you have a written hazard communication program?  34. Do you have a written lock out and tag program?  35. Do you have a written lock out and tag program?  36. Do you have a spray paint booth to paint cylinders or tanks?  37. Do you perform any spray painting of tanks that require a respiratory protection program?  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  43. Any foreign travel by employees or owners, if yes describe:  44. Any foreign travel by employees or owners, if yes describe:  45. No			
26. How often are safety meetings held and documented?  27. Do employees participate in CETP and/or other industry related/state required training?  28. Is refresher training for all employees provided and documented for job functions performed?  29. Do all employees handling hazardous materials have required hazmat training within 90 days of employment and every 3 years thereafter?  30. Is there a written accident investigation program in place to determine cause and any corrective measures to prevent reoccurrence?  31. Do you provide Workers' Compensation coverage for all employees?  32. Do you have a written hazard communication program?  33. Do you have a written personal protection equipment (PPE) program?  34. Do you have a written lock out and tag program?  35. Do you have a written lock out and tag program?  36. Do you have a spray paint booth to paint cylinders or tanks?  37. Do you perform any spray painting of tanks that require a respiratory protection program?  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  39. Is a group medical plan provided?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  45. Do yet icipate travel by employees or owners, if yes describe:  47. Do you perform travel by employees or owners, if yes describe:			
27. Do employees participate in CETP and/or other industry related/state required training?  28. Is refresher training for all employees provided and documented for job functions performed?  29. Do all employees handling hazardous materials have required hazmat training within 90 days of employment and every 3 years thereafter?  30. Is there a written accident investigation program in place to determine cause and any corrective measures to prevent reoccurrence?  31. Do you provide Workers' Compensation coverage for all employees?  32. Do you have a written hazard communication program?  33. Do you have a written personal protection equipment (PPE) program?  34. Do you have a written lock out and tag program?  35. Do you have a written lock out and tag program?  36. Do you use any silica products to remove paint from containers?  37. Do you perform any spray painting of tanks that require a respiratory protection program?  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  39. Is a group medical plan provided?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  45. Dyes Dyes Dyes Dyes Dyes Dyes Dyes Dyes	<u> </u>		
training?  28. Is refresher training for all employees provided and documented for job functions performed?  29. Do all employees handling hazardous materials have required hazmat training within 90 days of employment and every 3 years thereafter?  30. Is there a written accident investigation program in place to determine cause and any corrective measures to prevent reoccurrence?  31. Do you provide Workers' Compensation coverage for all employees?  32. Do you have a written hazard communication program?  33. Do you have a written personal protection equipment (PPE) program?  34. Do you have a written lock out and tag program?  35. Do you have a spray paint booth to paint cylinders or tanks?  36. Do you use any silica products to remove paint from containers?  37. Do you perform any spray painting of tanks that require a respiratory protection program?  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  45. Do YES DNO  46. Any foreign travel by employees or owners, if yes describe:  46. Do YES DNO			
28. Is refresher training for all employees provided and documented for job functions performed?  29. Do all employees handling hazardous materials have required hazmat training within 90 days of employment and every 3 years thereafter?  30. Is there a written accident investigation program in place to determine cause and any corrective measures to prevent reoccurrence?  31. Do you provide Workers' Compensation coverage for all employees?  32. Do you have a written hazard communication program?  33. Do you have a written personal protection equipment (PPE) program?  34. Do you have a written lock out and tag program?  35. Do you have a spray paint booth to paint cylinders or tanks?  36. Do you use any silica products to remove paint from containers?  37. Do you perform any spray painting of tanks that require a respiratory protection program?  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  • If yes, are employees trained on their operation?  39. Is a group medical plan provided?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  DYES DNO  43. Any foreign travel by employees or owners, if yes describe:  DYES DNO			
performed?  29. Do all employees handling hazardous materials have required hazmat training within 90 days of employment and every 3 years thereafter?  30. Is there a written accident investigation program in place to determine cause and any corrective measures to prevent reoccurrence?  31. Do you provide Workers' Compensation coverage for all employees?		UVEC	
29. Do all employees handling hazardous materials have required hazmat training within 90 days of employment and every 3 years thereafter?  30. Is there a written accident investigation program in place to determine cause and any corrective measures to prevent reoccurrence?  31. Do you provide Workers' Compensation coverage for all employees?			
90 days of employment and every 3 years thereafter?  30. Is there a written accident investigation program in place to determine cause and any corrective measures to prevent reoccurrence?  31. Do you provide Workers' Compensation coverage for all employees?   YES   NO   32. Do you have a written hazard communication program?   YES   NO   33. Do you have a written personal protection equipment (PPE) program?   YES   NO   34. Do you have a written lock out and tag program?   YES   NO   35. Do you have a spray paint booth to paint cylinders or tanks?   YES   NO   36. Do you use any silica products to remove paint from containers?   YES   NO   37. Do you perform any spray painting of tanks that require a respiratory protection program?   YES   NO   38. Do employees operate any powered industrial trucks (i.e., forklifts)?   YES   NO   40. Do you participate in MPN (Medical Provider Network)?   YES   NO   41. Do you have a return-to-work program (RTW)?   YES   NO   42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?   YES   NO   43. Any foreign travel by employees or owners, if yes describe:   NES   N	·		
30. Is there a written accident investigation program in place to determine cause and any corrective measures to prevent reoccurrence?  31. Do you provide Workers' Compensation coverage for all employees?		LIYES	
corrective measures to prevent reoccurrence?  31. Do you provide Workers' Compensation coverage for all employees?			
31. Do you provide Workers' Compensation coverage for all employees?  32. Do you have a written hazard communication program?  33. Do you have a written personal protection equipment (PPE) program?  34. Do you have a written lock out and tag program?  35. Do you have a spray paint booth to paint cylinders or tanks?  36. Do you use any silica products to remove paint from containers?  37. Do you perform any spray painting of tanks that require a respiratory protection program?  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  39. Is a group travel by employees or owners, if yes describe:  39. Is a group travel by employees or owners, if yes describe:  39. Is a group travel by employees or owners, if yes describe:  39. Is a group travel by employees or owners, if yes describe:  39. Is a group travel by employees or owners, if yes describe:  39. Is a group travel by employees or owners, if yes describe:  39. Is a group travel by employees or owners, if yes describe:  30. Do you have a return-to-work program (RTW)?		□YES	⊔NO
32. Do you have a written hazard communication program?  33. Do you have a written personal protection equipment (PPE) program?  34. Do you have a written lock out and tag program?  35. Do you have a spray paint booth to paint cylinders or tanks?  36. Do you use any silica products to remove paint from containers?  37. Do you perform any spray painting of tanks that require a respiratory protection program?  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  • If yes, are employees trained on their operation?  39. Is a group medical plan provided?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  DYES ONO  43. Any foreign travel by employees or owners, if yes describe:  OYES ONO	·		
33. Do you have a written personal protection equipment (PPE) program?  34. Do you have a written lock out and tag program?  35. Do you have a spray paint booth to paint cylinders or tanks?  36. Do you use any silica products to remove paint from containers?  37. Do you perform any spray painting of tanks that require a respiratory protection program?  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  34. No  35. Do you have a written personal provider or tanks?  36. Do you perform any spray painting of tanks that require a respiratory protection program?  37. Do you perform any spray painting of tanks that require a respiratory protection program?  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  43. Any foreign travel by employees or owners, if yes describe:  36. Do you have a written lock out and tag program?  37. Do you have a written lock out and tag program?  38. Do you have a return-to-work program (RTW)?  39. Is a group medical plan provided?  40. Do you have a return-to-work program (RTW)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  43. Any foreign travel by employees or owners, if yes describe:  44. Do you have a written lock out and tag program?  45. Do you have a written lock out and tag program?  46. Do you have a return-to-work program (RTW)?  47. Do you have a return-to-work program (RTW)?			
34. Do you have a written lock out and tag program?  35. Do you have a spray paint booth to paint cylinders or tanks?  36. Do you use any silica products to remove paint from containers?  37. Do you perform any spray painting of tanks that require a respiratory protection program?  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  • If yes, are employees trained on their operation?  39. Is a group medical plan provided?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  1YES DNO  43. Any foreign travel by employees or owners, if yes describe:  1YES DNO	<u> </u>	□YES	□NO
35. Do you have a spray paint booth to paint cylinders or tanks?  36. Do you use any silica products to remove paint from containers?  37. Do you perform any spray painting of tanks that require a respiratory protection program?  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  If yes, are employees trained on their operation?  39. Is a group medical plan provided?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  35. Do you have a spray paint booth to paint cylinders?  DYES DNO  DYES DNO  DYES DNO  AND  PYES DNO  PYES DNO	33. Do you have a written personal protection equipment (PPE) program?	□YES	□NO
36. Do you use any silica products to remove paint from containers? □YES □NO 37. Do you perform any spray painting of tanks that require a respiratory protection program?  38. Do employees operate any powered industrial trucks (i.e., forklifts)? □YES □NO • If yes, are employees trained on their operation? □YES □NO  39. Is a group medical plan provided? □YES □NO  40. Do you participate in MPN (Medical Provider Network)? □YES □NO  41. Do you have a return-to-work program (RTW)? □YES □NO  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions? □YES □NO  43. Any foreign travel by employees or owners, if yes describe: □YES □NO	34. Do you have a written lock out and tag program?	□YES	□NO
37. Do you perform any spray painting of tanks that require a respiratory protection program?  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  If yes, are employees trained on their operation?  39. Is a group medical plan provided?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  43. Any foreign travel by employees or owners, if yes describe:   □YES  □NO  □YES  □NO  □YES  □NO	35. Do you have a spray paint booth to paint cylinders or tanks?	□YES	□NO
program?  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  If yes, are employees trained on their operation?  39. Is a group medical plan provided?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  43. Any foreign travel by employees or owners, if yes describe:	36. Do you use any silica products to remove paint from containers?	□YES	□NO
program?  38. Do employees operate any powered industrial trucks (i.e., forklifts)?  If yes, are employees trained on their operation?  39. Is a group medical plan provided?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  43. Any foreign travel by employees or owners, if yes describe:		□YES	□NO
38. Do employees operate any powered industrial trucks (i.e., forklifts)?  • If yes, are employees trained on their operation?  39. Is a group medical plan provided?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  43. Any foreign travel by employees or owners, if yes describe:			
<ul> <li>If yes, are employees trained on their operation?</li> <li>39. Is a group medical plan provided?</li> <li>40. Do you participate in MPN (Medical Provider Network)?</li> <li>41. Do you have a return-to-work program (RTW)?</li> <li>42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?</li> <li>43. Any foreign travel by employees or owners, if yes describe:</li> <li>YES ONO</li> </ul>	<u> </u>	□YES	□NO
39. Is a group medical plan provided?  40. Do you participate in MPN (Medical Provider Network)?  41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  43. Any foreign travel by employees or owners, if yes describe:			
40. Do you participate in MPN (Medical Provider Network)?       TYES       NO         41. Do you have a return-to-work program (RTW)?       TYES       NO         42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?       TYES       NO         43. Any foreign travel by employees or owners, if yes describe:       TYES       NO			
41. Do you have a return-to-work program (RTW)?  42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  43. Any foreign travel by employees or owners, if yes describe:			
42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?  43. Any foreign travel by employees or owners, if yes describe:	, , , , , , , , , , , , , , , , , , , ,		
43. Any foreign travel by employees or owners, if yes describe: □YES □NO	1 - 1		
3 3 1 3 1 3	· · · · · · · · · · · · · · · · · · ·		
44. Do you own or operate any aircraft?			
	44. Do you own or operate any aircraft?	⊔YES	⊔NO

MA 16 014 08 22 Page 2 of 9

45. If a Workers Comp quote is bei		al payroll and workers' comp				
experience mod for the current and 4 prior years.						
Year	Annual Payroll	EMOD				
Current						
Prior Year						
Second Prior						
Third Prior						
Fourth Prior						
TYPE OF EXPOSURES						
46 Dlagge provide the number of	vallanc by type of ouctomer					

TYPE OF EXPOSURES						
46. Please provide the number of gallons by type of customer						
Type of customer	Propane	Petroleum	Fuel Oil			
Retail – delivered to personal end users						
Commercial – delivered to commercial						
end users and agricultural customers						
Wholesale – sold to other dealers						
and/or distributors for resale						
Bottle fill/cylinder exchange						
Drop shipped – picked up from non-						
owned terminal and delivered direct to						
customer						
Brokerage – paper transactions only –						
no physical possession of product						
Other – describe						

BULK STORAGE TANKS 47. Please list all bulk storage plants/tanks						
Location address Product stored Capacity Above/Below Diked						
		(gallons)	Ground			
			□above □below	□Yes □No		
			□above □below	□Yes □No		
			□above □below	□Yes □No		
			□above □below	□Yes □No		
			□above □below	□Yes □No		
			□above □below	□Yes □No		
			□above □below	□Yes □No		

Questions 48-94 are split into sections based on the type of gallons. Please only answer the sections applicable to your operations.				
Propane Operational Questions				
48. Do you have any operations related to converting vehicles from gas/diesel to propane	□YES	□NO		
power?				
If yes, provide annual sales:				
49. Do you deliver gallons to customers for self-auto gas filling (i.e., school districts, metro	□YES	□NO		
buses, police, etc.)?				
50. Do you perform any HVAC work?	□YES	□NO		
If yes, provide annual payroll: \$				
51. Do you visually requalify cylinders?	□YES	□NO		

MA 16 014 08 22 Page 3 of 9

52. Do you have any dispensing stations leased to others for filing propane cylinders? If					□YES	$\square$ NO		
yes, how many:								
<ul> <li>Do you have or verify documentation of training for all persons filling propane</li> </ul>					□YES	$\square$ NO		
cylinders?								
Do you have certificates	s of in	suranc	e from the les	ssee (oper	rator)	?	□YES	$\square$ NO
<ul> <li>Do you require them lis</li> </ul>					-		□YES	□NO
insurance?	3							
53. Do you sell, install and/or service	ce an	v of the	items below	? Provide	ann	ual sales \$		
Check below all that apply:		<del>,                                    </del>				<u></u>		
☐ Fireplaces or gas logs		Gas A	ppliances			Outdoor Grills		
☐ Hot Water Heaters			ic Appliances			Outdoor Fire pit	S	
☐ Spas/Hot tubs		1	I/Coal Stoves			Other		
54. Do you lease, loan, or rent cons	struct			5?			□YES	□NO
<ul> <li>If yes, how many annu</li> </ul>			ndividuals:		tract	ors:		
55. What percentage of your custo				%		Automatic Fill _	9/	<u> </u>
56. What percentage of your custo					%	Customer Owne		%
57. Do you have a lease agreemen							□YES	□NO
58. How many out of gas deliveries						1 37		
59. Do you have a written out of ga						•	□YES	□NO
60. Do you require an adult to be a	•						□YES	
61. If a leak check cannot be perfo					lock	orothor	□YES	
-					_ 10Cr	. Of Other		
method used to deter the cust								
62. Are appropriate warning tags (	used :	to docu	iment if a con	itainer ha	s bee	'n	□YES	□NO
secured/locked/shut off?								
63. Do you have a policy to return appliances back in operation (i.e., light pilot lights)? $\Box$ YES $\Box$ NO								
			•	-			□YES	□NO
64. Are leak checks performed and			ed for the follo	owing <b>(ci</b> i	rcle a	II that apply):		
64. Are leak checks performed and New Customer (leased tanks)	d doc	umente	ed for the follo	owing <b>(ci</b>	r <b>cle</b> a	III that apply):	□YES	S □NO
64. Are leak checks performed and New Customer (leased tanks) New Customer (customer owned t	d doc	umente	ed for the follo	Owing <b>(ci</b> Out-of-( Change	r <b>cle</b> a Gas Ir in te	all that apply): Instances Instances	□YES	5 □NO 5 □NO
64. Are leak checks performed and New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of service)	d doc tanks ervic	umente s) e	ed for the follo	Owing <b>(ci</b> Out-of-0 Change Other (E	rcle a Das Ir in te Descr	Il that apply): nstances nant/ownership ibe)		5 □NO 5 □NO 5 □NO
64. Are leak checks performed and New Customer (leased tanks) New Customer (customer owned to Service work with interruption of service work performs a documented to the service was serviced.	d doc tanks serviced insp	umentes) e ection	ed for the follo	Out-of-C Change Other (E	Cas Ir in te Descr	ill that apply): instances inant/ownership ibe) system (i.e. Gas	□YES	5 □NO 5 □NO
64. Are leak checks performed and New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of service work with the servi	d doc tanks service d insp	umentes) e ection	ed for the follo	Out-of-C Change Other (E	Cas Ir in te Descr	ill that apply): instances inant/ownership ibe) system (i.e. Gas		5 □NO 5 □NO 5 □NO
64. Are leak checks performed and New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of service work	d doc tanks service d insp uired <b>ns)</b>	e pection Progra	ed for the following for the following for the proparation of the proparation for the proparation of the proparation for the following	Owing (cir Out-of-( Change Other (E e distribu	Cas Ir in te Descr	ill that apply): instances inant/ownership ibe) system (i.e. Gas		5 □NO 5 □NO 5 □NO
64. Are leak checks performed and New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of service work with the servi	d doc tanks service d insp uired <b>ns)</b>	e pection Progra	ed for the following for the following for the proparation of the proparation for the proparation of the proparation for the following	Owing (cir Out-of-( Change Other (E e distribu	Cas Ir in te Descr	ill that apply): instances inant/ownership ibe) system (i.e. Gas		5 □NO 5 □NO 5 □NO
64. Are leak checks performed and New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of service work	tanks service d insp uired ns) at is p	e pection Progra	ed for the following for the proparation of the pro	Owing (cir Out-of-( Change Other (E e distribu	Cas Ir in te Descr	ill that apply): instances inant/ownership ibe) system (i.e. Gas	□YES □YES □YES	S □ NO S □ NO □ NO □ NO
64. Are leak checks performed and New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of section of sec	tanks serviced inspuired ms) at is pulyon e	e pection Progra perform performal	ed for the following for the following for the proparation of the prop	Owing (cir Out-of-( Change Other (E e distribu	Cas Ir in te Descr	ill that apply): instances inant/ownership ibe) system (i.e. Gas	□YES □YES □YES □YES	NO
64. Are leak checks performed and New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of section of sec	tanks serviced inspuired ms) at is pulyon e	e pection Progra perform performal	ed for the following for the following for the proparation of the prop	Owing (cir Out-of-( Change Other (E e distribu	Cas Ir in te Descr	ill that apply): instances inant/ownership ibe) system (i.e. Gas	□YES □YES □YES □YES □YES □YES	NO
64. Are leak checks performed and New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of section of sec	tanks serviced inspuired ms) at is pulyon e	e pection Progra perform performal	ed for the following for the following for the proparation of the prop	Owing (cir Out-of-( Change Other (E e distribu	Cas Ir in te Descr	ill that apply): instances inant/ownership ibe) system (i.e. Gas	□YES □YES □YES □YES	NO
64. Are leak checks performed and New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of section of sec	tanks serviced inspuired ms) at is pulyon e	e pection Progra perform performal	ed for the following for the following for the proparation of the prop	Owing (cir Out-of-( Change Other (E e distribu	Cas Ir in te Descr	ill that apply): instances inant/ownership ibe) system (i.e. Gas	□YES □YES □YES □YES □YES □YES	NO
64. Are leak checks performed and New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of section of sec	tanks serviced inspuired ms) at is pulyon e	e pection Progra perform performal	ed for the following for the following for the proparation of the prop	Owing (cir Out-of-( Change Other (E e distribu	Cas Ir in te Descr	ill that apply): instances inant/ownership ibe) system (i.e. Gas		NO
64. Are leak checks performed and New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of service work	tanks serviced inspuired ms) at is pulyon e	e pection Progra perform performal	ed for the following for the following for the proparation of the prop	Owing (cir Out-of-( Change Other (E e distribu	Cas Ir in te Descr	ill that apply): instances inant/ownership ibe) system (i.e. Gas		NO
64. Are leak checks performed and New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of service work	tanks serviced inspuired ms) at is pud/or e r seriogas ap	e pection Progra perform performal	ed for the following for the following for the proparation of the prop	Owing (cir Out-of-( Change Other (E e distribu	Cas Ir in te Descr	ill that apply): instances inant/ownership ibe) system (i.e. Gas		NO
64. Are leak checks performed and New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of section of sec	tanks erviced inspuired ns) at is personal	e pection Progra Derformelectric) al numbopliance	ed for the following for the following for the proper med and documber or both?	Owing (circle) Out-of-(Change) Other (Exercise distribution of the circle) Towide a first control of the circle) Open Control of the circle) O	Cas Ir in te	ill that apply): instances inant/ownership ibe) system (i.e. Gas completed  er, verify		NO
64. Are leak checks performed and New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of service work work with interruption of service work work with interruption of service work with interruption of service work work with interruption of service work work work with interruption of service work work work work work with interruption of service work work work work work work work work	tanks erviced inspuired ms) at is personal	e pection Progra Derformelectric) al number populance	ed for the following for the following with the property of th	Owing (circle) Out-of-(Change) Other (Exercise distribution of the circle) Towide a first control of the circle) Open Control of the circle) O	Cas Ir in te	ill that apply): instances inant/ownership ibe) system (i.e. Gas completed  er, verify		NO
New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of service work work with interruption of service work work with interruption of service work work work work with interruption of service work work work work work work work work	tanks erviced insp uired ns) at is p d/or e r seri gas ap	e pection Progra Derform Plectric) al numb oppliance	ed for the following for the following with the following for the property of the property of the property of the property information of the following for	Owing (circle) Out-of-(Change) Other (Exercise distribution of the circle) Towide a first control of the circle) Open Control of the circle) O	Cas Ir in te	ill that apply): instances inant/ownership ibe) system (i.e. Gas completed  er, verify		NO
New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of sections of service work with interruption of service work work with interruption of service work work with interruption of service work work work work with interruption of service work work work work work work work work	tanks erviced inspuired at is personal tanks at its personal ta	e pection Progra Derform Plectric) al numl opliance	ed for the following for the following with the proper med and documber or both?  to turn off professers, etechnician	Owing (cit Out-of-(cit) Change Other (Eite distribution rovide a fit mented:	Cas Ir in te Descrition few of the text of	ill that apply): Instances Inant/ownership Ibe) Isystem (i.e. Gastempleted  er, verify Ibe if they smell		NO
New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of service work work with interruption of service work work with interruption of service work with interruption of ser	tanks serviced inspuired at is personal instructions.  e. showing as appropriate the service of	e pection Progra Derform Plectric) al numb opliance bw how eived sa letector I service ustome	ed for the following to turn off profession of the proper	Owing (circle) Out-of-(Change Other (Eigen distribution) Tovide a firmented:  Opane contion, what	Cas Ir in terpescription few of the deck of the color of	ill that apply): Instances Inant/ownership Ibe) Isystem (i.e. Gastempleted  er, verify Instances Instances Inant/ownership Ibe Instances Instances Inant/ownership Ibe Instances Inant/ownership Ibe Instances		NO
New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of second secon	tanks serviced inspuired at is personal instructions.  e. showing as appropriate the service of	e pection Progra Derform Plectric) al numb opliance bw how eived sa letector I service ustome	ed for the following to turn off profession of the proper	Owing (circle) Out-of-(Change Other (Eigen distribution) Tovide a firmented:  Opane contion, what	Cas Ir in terpescription few of the deck of the color of	ill that apply): Instances Inant/ownership Ibe) Isystem (i.e. Gastempleted  er, verify Instances Instances Inant/ownership Ibe Instances Instances Inant/ownership Ibe Instances Inant/ownership Ibe Instances		NO
New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of service work work with interruption of service work with interruption of service work work with interruption of service work work work work with interruption of service work work with interruption of service work work work work with interruption of service work work work work work work work work	tanks serviced insp uired ns) at is p d/or e r seri gas ap e. sho gas d r and ing cu	e pection Progra Derform Plectric) al numb Depliance Devived sa Detector Detector Detector Devived sa Detector	ed for the following to turn off profession of the proper	Out-of-Change Other (Ene distribution of the continuous of the con	cle a Gas Ir in te Descr ition few c eck c Gas/s	er, verify of they smell		NO
64. Are leak checks performed and New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of sections	tanks erviced inspuired at is personal dispersonal dis	e pection Progra Derform Plectric) al numb opliance by how eived sa letector I service ustome hich cus	ed for the following to turn off profession of the proper	Out-of-Change Other (Ene distribution of the continuous of the con	cle a Gas Ir in te Descr ition few c eck c Gas/s	er, verify of they smell		NO
New Customer (leased tanks)  New Customer (customer owned to Service work with interruption of service work work with interruption of service work with interruption of service work work with interruption of service work work work work with interruption of service work work with interruption of service work work work work with interruption of service work work work work work work work work	e. showing as appropriate the showing as a show	e pection Progra Derform Progra Derf	ed for the following property informations in the property information in the property in	Out-of-Change Other (Ene distribution of the continuous of the con	cle a Gas Ir in te Descr ition few c eck c Gas/s	er, verify of they smell		NO

MA 16 014 08 22 Page 4 of 9

71. Do you have a process to respond and leak check systems for gas odor complaints?	□YES	□NO
72. Do you document a sniff test before delivering to a propane end use customer?	□YES	□NO
73. Do you install underground tanks? If yes, do you:	□YES	□NO
<ul> <li>Install cathodic protection?</li> </ul>	□YES	□NO
Test and document cathodic protection systems per NFPA 58?	□YES	□NO
<ul> <li>Do you fill all new tanks to the maximum filling capacity at first delivery?</li> </ul>	□YES	□NO
Petroleum Operational Questions		
74. Do you have written loading and unloading procedures for drivers to follow to reduce	□YES	□NO
cross drop incidents?		
75. Do you have an EPA approved spill prevention control and countermeasure (SPCC)	□YES	□NO
plan in place for above ground storage capacity over 1,300 gallons or below ground		
capacity over 42,000 gallons?		
If yes, date of last developed or updated by a professional engineer?		
76. Do you do any loading/unloading from any kind of watercraft or barges?	□YES	□NO
77. Do you deliver any type of aviation fuel? If yes answer the following below:	□YES	□NO
Do you do any direct fueling of aircraft?	□YES	$\square$ NO
<ul> <li>Do you have a separate storage and/or cargo tank truck to transport aviation fuel?</li> </ul>	□YES	□NO
<ul> <li>Do you perform a white bucket test on the fuel before delivering aviation fuel to a customer?</li> </ul>	□YES	□NO
78. Do you have any agreements in place with HAZMAT cleanup contractors for spills in transit?	□YES	□NO
79. Are cargo tank trucks bonded to a ground before filling?	□YES	□NO
80. Are loading racks used for top filling cargo tank trucks equipped with piping from the fill nozzle to reach near the bottom of cargo tank?	□YES	□NO
81. Is a grounding bond wire connected to the cargo tank when filling to reduce static	□YES	□NO
charges?		
Heating Oil Operational Questions		
82. Do you have any customer agreement/terms and conditions that has indemnity	□YES	□NO
language (i.e., customer is responsible for maintenance, inspection, and repair of		
equipment and its replacement when necessary due to age or other factors?)		
83. Have your delivery personnel and drivers viewed any NORA safety/educational videos?		□NO
84. Have any personnel attended any NORA educational classes?	□YES	□NO
85. Do you have written loading or unloading procedures for filling cargo tank trucks and delivering to customers?	□YES	□NO
86. Have you had any oil spills within the past 5 years?	□YES	□NO
87. For indoor/basement deliveries do you:		
<ul><li>inspect the tank and piping for all new customers?</li></ul>	□YES	$\square$ NO
<ul> <li>identify active fill pipe with a company identifying device such as a tag or label?</li> </ul>	□YES	□NO
<ul> <li>confirm there is a working vent alarm/whistle for new customers?</li> </ul>	□YES	$\square$ NO
<ul><li>have a "No Whistle – No Fill" policy?</li></ul>	□YES	$\square$ NO
<ul> <li>verify that the vent pipes no more than 12 feet from the fill pipe and visible?</li> </ul>	□YES	$\square$ NO
<ul> <li>find a fill line is no longer in use, do you verify the piping has been removed (disabled) before servicing the customer?</li> </ul>	□YES	□NO
88. Are delivery drivers required to remain in attendance at the fill point to stop the	□YES	□NO
delivery when the vent alarm/whistle stops?		
89. Do you sell heating oil blended with biodiesel?	□YES	□NO
<ul><li>If yes, what type of blends do you sell (i.e. B5, B20, Other)?</li></ul>		

MA 16 014 08 22 Page 5 of 9

C-Store Operational Questions		
90. Are there any C-store (convenience store) or retail service station operations? If yes,	□YES	□NO
please answer additional questions below.		
How many are operated 24 hours?	□YES	□NO
<ul> <li>Are there security cameras installed: inside and outside the store?</li> </ul>		
o Inside	□YES	$\square$ NO
o Outside	□YES	$\square$ NO
<ul> <li>Any auto repair service (i.e. oil changes, tire changing)? Gross Sales \$</li> </ul>	□YES	$\square$ NO
<ul> <li>Any food sales or deli operations?</li> <li>Gross Sales: \$</li> </ul>	□YES	$\square$ NO
91. Any commercial cooking generating grease laden vapors (i.e., deep fat frying, griddles,	□YES	□NO
broilers, stoves/ranges, kettles)? If yes, answer questions below.		
<ul> <li>Is equipment protected with a UL 300 automatic extinguishing system?</li> </ul>	□YES	□NO
<ul> <li>Is UL 300 automatic sprinkler system inspected and tested every 6 months?</li> </ul>	□YES	□NO
<ul> <li>Is there a cleaning program for the appliances, filters, hood and duct work?</li> </ul>	□YES	□NO
<ul> <li>Is a professional cleaning vendor hired to clean filters, hoods, and duct work?</li> </ul>	□YES	□NO
92. Is there a program to identify and correct slip and trip hazards on the premises?	□YES	□NO
93. Are elevation changes (i.e., sidewalk edges, ramps, vehicle bumpers) painted to	□YES	□NO
highlight the elevation change?	□YES	
94. Are there any carwash operations? If yes, what type and annual gross sales:	LYES	□NO
Additional section for overflow. Please reference applicable questions from supplement	ital	
Additional section for overflow. Please reference applicable questions from supplement	tal	
Additional section for overflow. Please reference applicable questions from supplement	tal	
Additional section for overflow. Please reference applicable questions from supplement	tal	
Additional section for overflow. Please reference applicable questions from supplement	tal	
Additional section for overflow. Please reference applicable questions from supplement	tal	
Additional section for overflow. Please reference applicable questions from supplement	ital	
Additional section for overflow. Please reference applicable questions from supplement	tal	
Additional section for overflow. Please reference applicable questions from supplement	tal	
Additional section for overflow. Please reference applicable questions from supplement	tal	
Additional section for overflow. Please reference applicable questions from supplement	tal	
Additional section for overflow. Please reference applicable questions from supplement	tal	
Additional section for overflow. Please reference applicable questions from supplement	tal	
Additional section for overflow. Please reference applicable questions from supplement	tal	
Additional section for overflow. Please reference applicable questions from supplement	tal	
Additional section for overflow. Please reference applicable questions from supplement	tal	
Additional section for overflow. Please reference applicable questions from supplement	tal	
Additional section for overflow. Please reference applicable questions from supplement	tal	
Additional section for overflow. Please reference applicable questions from supplement	tal	
Additional section for overflow. Please reference applicable questions from supplement	tal	
Additional section for overflow. Please reference applicable questions from supplement	tal	
Additional section for overflow. Please reference applicable questions from supplement	tal	
Additional section for overflow. Please reference applicable questions from supplement	tal	

MA 16 014 08 22 Page 6 of 9

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA for Commercial Auto Applicants, PR for Workers Compensation Applicants, RI, TN, UT for Workers Compensation Applicants, VA, VT, WA or WV – see Additional Fraud Notices for these jurisdictions below).

## **ADDITIONAL FRAUD NOTICES**

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS (Does not apply to Commercial Auto Applicants):** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

MA 16 014 08 22 Page 7 of 9

**NOTICE TO NEW YORK APPLICANTS (Commercial Auto Applicants Only):** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**NOTICE TO PENNSYLVANIA APPLICANTS (Commercial Auto Applicants Only):** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

NOTICE TO PUERTO RICO APPLICANTS (Does not apply to Workers Compensation Applicants): Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE APPLICANTS (Does not apply to Workers Compensation Applicants), VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NOTICE TO TENNESSEE APPLICANTS (Workers Compensation Applicants Only):** It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO UTAH APPLICANTS (Workers Compensation Applicants Only):** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO VERMONT APPLICANTS (Does not apply to Commercial Auto Applicants):** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

MA 16 014 08 22 Page 8 of 9

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued (**Not applicable in North Carolina**). If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf..

Applicant Name (Printed)	Applicant Title	
Applicant Signature*	Date	
*Electronic Signature and Acceptance $\square$		
Producer Information:		
Producer Name (Printed)	Producer Signature*	
Agency Name	Date	License Number

\* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.

C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company.

\*Electronic Signature and Acceptance

Crum & Forster, which is part of Fairfax Financial Holdings Limited, is comprised of leading and well-established property and casualty business units. The insurance companies within Crum & Forster, rated A (Excellent) by A.M. Best Company, are: United States Fire Insurance Company, The North River Insurance Company, Crum and Forster Insurance Company, Crum & Forster Indemnity Company, Crum & Forster Specialty Insurance Company, Seneca Insurance Company, Inc., Seneca Specialty Insurance Company, First Mercury Insurance Company, American Underwriters Insurance Company and Monitor Life Insurance Company of New York.

MA 16 014 08 22 Page 9 of 9