

FUEL MARKETER/JOBBER SUPPLEMENTAL APPLICATION

Agency: _____	Date Quote is Needed: _____
Account Name: _____	Target Premiums
Physical Address for Main Office: _____	Package \$ _____ & Auto: _____
Management's Years of Experience: _____	Umbrella: \$ _____
FEIN: _____	Workers' Comp \$ _____

Please submit completed Acord applications, this supplemental application and no less than four years currently valued loss history thirty (30) days prior to the date you need your quote.

OPERATIONS

- | | |
|--|---|
| <input type="checkbox"/> Fuel Distributor/Dealer | <input type="checkbox"/> C-Stores and Retail Service Stations |
| <input type="checkbox"/> Bulk Storage (other than LPG) | <input type="checkbox"/> Aviation Fuel |
| <input type="checkbox"/> LPG Bulk Storage | <input type="checkbox"/> Marina Delivery/Direct Fueling of Watercraft |
| <input type="checkbox"/> Propane Distributor/Dealer | <input type="checkbox"/> Private Passenger Transportation |
| <input type="checkbox"/> Home Heating Fuel | <input type="checkbox"/> Common or Contract Carrier |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Complete the following:

1.	Total No. of employees: _____		
	Tractor Trailer Drivers: _____	Bobtail Drivers: _____	Service Veh Drivers: _____
	Plant Manager (s): _____	Mechanics: _____	Clerical Employees: _____
	Custodial/Maintenance: _____	Other: _____	
2.	Does Applicant haul any product he does not own?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	What percentage? _____ % Type of product? _____		
	Truckers Payroll (defined as payroll <i>excluding</i> drivers): \$ _____		
3.	Does Applicant utilize common carriers to haul product on their behalf?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	a. More than one Common Carrier firm utilized? If yes, how many? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. Hired Carrier's liability limits equal to Applicant's liability limits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c. Hired Carrier's umbrella limits equal to Applicant's limits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	d. Are COI's obtained as verification that hired Carriers have appropriate limits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Does Applicant use independent owner/operators? If yes, ↓	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	a. Provide copy of contract used.		
	b. Does Applicant provide insurance for the vehicle(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c. Are COI's required from the owner/operator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	d. Does owner/operator haul for anyone other than the Applicant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5.	Does Applicant operate over a 300-mile radius?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Give one-way mileage: _____ Number of times per week: _____		
6.	Does Applicant deliver any products to energy plants or nuclear processing plants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, explain. _____		
7.	Does Applicant have a formal written safety plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Does Applicant have a written emergency spill plan for drivers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Driver turnover is less than 10% <input type="checkbox"/> 10% - 25% <input type="checkbox"/> Over 25% <input type="checkbox"/>		
10.	Describe new driver training procedures: _____		
11.	Does Applicant check the MVR prior to hiring a driver or drivers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	What are minimum and maximum ages when hiring drivers? _____ / _____		
13.	List any financial responsibility filings required: _____		
14.	How are drivers paid? Hourly Mileage Per Trip/Load Other Please explain: _____		
15.	DRIVER GUIDELINES		
	<p>Attach a signed copy of Applicant's hiring and firing guidelines on their company letterhead. Guidelines should be specific and include minimum age, experience, and moving violations allowed within a specified period of time, such as noted in the example below.</p> <p style="text-align: center;"><u>Minimum AMC Fairmont driver guidelines in addition to all DOT guidelines.</u></p> <p>a. Minimum of 2 years verifiable experience driving like vehicles.</p> <p>b. CDL where required with proper endorsements for a 2-yr period.</p> <p>c. Preferred ages between 23 and 70.</p> <p>d. No major violations including DUI, hit and run, manslaughter, use of vehicle in the commission of a felony, or speeding in excess of 15 mph over the maximum-posted limit.</p> <p>e. No reckless driving violation.</p> <p>f. No more than 3 moving violations during previous 36 months or more than 2 in previous 24 months.</p> <p>g. No more than 1 at-fault accident during previous 36 months or violation of operating a vehicle while license suspended.</p>		
16.	Does Applicant own buildings and/or property leased to others? If yes, ↓	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	a. Does Tenant carry premise liability with at least \$1mm per occurrence GL limits and Fire Legal limits equal to the replacement cost of the structure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. Does Tenant name the Applicant as Additional Insured on the Tenant's policy and hold the Applicant harmless?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c. Provide COI(s) with premise liability insurance at \$1mm and Fire Legal at replacement cost of structure. List Applicant on policy as Additional Insured.		
17.	POLLUTION LIABILITY EXPOSURE		
	a. Does Applicant want Underground Storage Tank (UST) coverage from AMC Fairmont? If yes, request UST Pollution application from your underwriter or assistant.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. Does Applicant have UST coverage elsewhere?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c. Does Applicant elect to <u>DECLINE</u> UST coverage at this time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<p>Applicant must sign and date to decline.</p> <p>Signature: _____ Date: _____</p>		

18.	BULK STORAGE (other than LPG)		Number of Plants Operated:
	Bulk Plant 1	Address: _____	
	a. Product Stored: _____		
	b. Number of Storage tanks AST's: _____ UST's: _____		
	c. Total gallon capacity: _____ Age of tanks: _____ Mo/Yr last certified: _____		
	d. Are tanks fenced? Yes <input type="checkbox"/> No <input type="checkbox"/> Are tanks diked? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	e. Bulk plant neighborhood: Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Mercantile <input type="checkbox"/> Outlying <input type="checkbox"/>		
	f. Distance of tank(s) to nearest non-owned structure: _____ If less than 500' provide ↓ Construction: _____ Occupancy: _____ Approximate value: _____		
	g. Have any facilities ever been cited, fined or in violation of EPA regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Bulk Plant 2	Address: _____	
	a. Product Stored: _____		
	b. Number of storage tanks AST's: _____ UST's: _____		
	c. Total gallon capacity: _____ Age of tanks: _____ Mo/Yr last certified: _____		
	d. Are tanks fenced? Yes <input type="checkbox"/> No <input type="checkbox"/> Are tanks diked? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	e. Bulk plant neighborhood: Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Mercantile <input type="checkbox"/> Outlying <input type="checkbox"/>		
f. Distance of tank(s) to nearest non-owned structure: _____ If less than 500' provide ↓ Construction: _____ Occupancy: _____ Approximate value: _____			
g. Have any facilities ever been cited, fined or in violation of EPA regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>			
19.	LPG BULK STORAGE		Number of Plants Operated:
	Bulk Plant 1	Address: _____	
	a. Product Stored: _____		
	b. Number of storage tanks AST's: _____ UST's: _____		
	c. Total gallon capacity: _____ Age of tanks: _____ Mo/Yr last certified: _____		
	d. Are tanks fenced? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	e. Bulk plant neighborhood: Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Mercantile <input type="checkbox"/> Outlying <input type="checkbox"/>		
	f. Distance of tank(s) to nearest non-owned structure: _____ If less than 500' provide ↓ Construction: _____ Occupancy: _____ Approximate value: _____		
	g. Have any facilities ever been cited, fined or in violation of EPA regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Bulk Plant 2	Address: _____	
	a. Product Stored: _____		
	b. Number of storage tanks AST's: _____ UST's: _____		
	c. Total gallon capacity: _____ Age of tanks: _____ Mo/Yr last certified: _____		
	d. Are tanks fenced? Yes <input type="radio"/> No <input type="radio"/>		
	e. Bulk plant neighborhood: Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Mercantile <input type="checkbox"/> Outlying <input type="checkbox"/>		
f. Distance of tank(s) to nearest non-owned structure: _____ If less than 500' provide ↓ Construction: _____ Occupancy: _____ Approximate value: _____			
g. Have any facilities ever been cited, fined or in violation of EPA regulations? Yes <input type="radio"/> No <input type="radio"/>			

20.	LPG CONTINUED	
	a. Does Applicant do HVAC work? (service or repair heating/air conditioning systems or other gas appliances) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide payroll. \$ _____	
	b. Does Applicant sell: Space Heaters <input type="checkbox"/> Water Heaters <input type="checkbox"/> Gas Grills <input type="checkbox"/> Other LPG appliances <input type="checkbox"/> Total receipts: \$ _____	
	c. Percentage of Automatic Fill customers: _____ % Will call Customers: _____ %	
	d. Does Applicant own any bottle filling operations not managed by owner or his employees? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: _____	
	e. Are scales used when filling bottles? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	f. Does Applicant perform pressure checks on all out of gas customers? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	g. Does Applicant perform pressure checks on all new customers? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	h. In your estimation, what percentage of your propane customers has a documented leak test? _____ %	
	i. Describe new customer policy in detail: _____ _____ _____	
	j. Does Applicant deliver to out of gas customer when said customer is not home? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	k. Describe out of gas policy in detail: _____ _____	
	l. Are you a member of any industry association? If yes explain _____	
	m. Do all of your employees have CTEP, or similar training, in their respective job/work function?	
	n. Do you have any leased and/or seasonal employees? If yes, provide details: _____	
	o. Do you provide Workers' Compensation for all of your employees?	
	p. Do you lease/loan construction heaters (salamanders) to others? If yes, do you have written rental/lease agreement?	
21.	HOME HEATING FUEL	
	a. Does Applicant perform tank installation, service, or removal? If yes, give details ↓ Yes <input type="checkbox"/> No <input type="checkbox"/> _____ Receipts from service work: \$ _____ Total receipts: \$ _____	
	b. Any sub-contracted operations? If yes, describe ↓ Yes <input type="checkbox"/> No <input type="checkbox"/> _____	
	c. Percentage of Automatic Fill customers: _____ % Will call customers: _____ %	
	d. Are customers notified of excess usage? If yes, describe procedure ↓ Yes <input type="checkbox"/> No <input type="checkbox"/> _____	
	e. How are requested gallons confirmed for Will Call customers? _____ _____	
	f. Describe how drivers are trained and educated to locate and accurately identify fill pipes at customer locations? _____ _____	
	g. Describe overflow prevention procedures: _____ _____	
	h. Are spill kits carried on all delivery and service trucks? Yes <input type="checkbox"/> No <input type="checkbox"/>	

22.	BULK OIL/USED OIL	
	a. Does Applicant do any oil blending or recycling?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b. Does Applicant have a permit to discharge wastewater?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c. Does Applicant do any delivery of asphalt?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23.	C-STORES AND RETAIL SERVICE STATIONS	
	a. Number of operated retail gasoline locations: _____	
	b. Locations with deep frying and/or grilling: _____	
	1. Ansul systems or other automated extinguishing system in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	2. Provide a copy of contract between Applicant and cleaning/maintenance service company.	
	c. Any truck stops with lounge areas, showers, sleeping quarters, etc.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	d. Repairs performed at any locations? If yes, ↓	Yes <input type="checkbox"/> No <input type="checkbox"/>
	1. Repairs to heavy trucks 20,000 pounds or heavier?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	2. Are mechanics certified? If yes, by whom? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	e. How many owned/operated stations have wand type car washes: _____	
24.	CRIME (C-STORES AND RETAIL SERVICE STATIONS)	
	a. Drop safes used at all locations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b. Deposits made daily?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c. Deposits taken to central location?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	d. Employees trained on how to react to a robbery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	e. Describe security system (central station, local, surveillance cameras, etc): _____	
25.	LIQUOR LIABILITY (C-STORES AND RETAIL SERVICE STATIONS)	
	a. Total annual gross sales from beer, ale or wine ONLY: \$ _____ <i>Give receipts per location on Acord GL application or AMC Fairmont spreadsheet.</i>	
	b. Total annual gross sales from hard liquor sales: \$ _____	
	c. Any consumption of alcohol on premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	d. Owner/general manager's years experience operating c-stores selling beer & wine: _____	
	e. Has the operation or applicant ever had a liquor liability claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	f. Has the operation or applicant's liquor license ever been suspended or revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	g. Describe the education, training or briefing given to employees regarding sale of alcoholic beverages: _____	
	h. Are guidelines posted for proper handling of suspected intoxicated customers and sale of alcoholic beverages to intoxicated persons and minors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	i. Describe procedures to insure no sale to minors: _____	
	j. Is a report/record kept regarding all liquor incidents? Yes <input type="checkbox"/> No <input type="checkbox"/>	

26.	AVIATION FUEL	
	<p>a. Estimated annual gallons of Jet A/B, JP 4/5 transported: _____</p> <p>b. Estimated annual gallons of AvGas (80, 100, 100LL) transported: _____</p> <p>c. Does transporter perform any direct servicing of aircraft? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. Does transporter perform any fuel pre-mix or additive functions such as PRIST? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>e. Does transporter have dedicated tank trailers or documented purging and cleaning procedures? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>f. Do supplier and retailer observe applicable fuel control standards such as promulgated in NFPA407, 409, MIL-STD 15448c, ATA103, NATA and proprietary standards? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>g. Is transfer of fuel conducted using standard procedure such as ↓</p> <p>1. Review bill of lading and check seals Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Check bonding/grounding of tank trailer Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. Collect sump samples for "clear and bright", "white porcelain bucket" or "Aqua-glo" water content tests Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Inspect connections and hoses Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. Follow all other procedures required by applicable standards Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
27.	MARINA DELIVERY/DIRECT FUELING OF WATERCRAFT	
	<p>a. Total annual gallons delivered to marinas: _____</p> <p>b. Does Applicant do any direct fueling of watercraft? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>1. What type of watercraft and how many times a month? _____</p> <p>2. Total annual gallons direct fueled to watercraft: _____</p> <p>c. In the event of an accidental spill, is there a barrier or dike between the tanks/pumps and the water level that will prevent leakage? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. Are vehicles that service marinas and/or fuel watercraft equipped with automatic shutoff devices on the hoses? If yes, describe operation ↓ _____</p> <p>e. Does Applicant follow U.S. Coast Guard guidelines? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
28.	PRIVATE PASSENGER TRANSPORTATION (PPT)	
	<p>a. Are any PPT vehicles rated by ISO as high performance sports cars or valued over \$80k? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Vehicle no.'s corresponding to Acord vehicle schedule: _____</p> <p>b. Are all PPT's registered in the business name? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c. Anyone under the age of 21 driving vehicles at any time? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. Do children not living at home or working at the business drive any PPT? If yes, explain ↓ _____</p> <p>e. Are all PPT's used in the day-to-day business operations? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>f. Have ALL drivers been named in the Acord driver list including spouses and children? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>List those not used in day-to-day business and explain use of vehicle: _____</p> <p>_____</p> <p><i>All drivers must meet AMC Fairmont driver guidelines; otherwise, they will be excluded • Physician's statements are required for drivers aged 70 and older</i></p> <p>Signature: _____ Date: _____</p>	

APPLICANT'S STATEMENT

I have read the attached applications and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.

Named Insured Signature: _____ Date: _____

Agency: _____

Producer's Signature: _____ Date: _____

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, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION, AND CONFINEMENT IN A STATE PRISON.