

Coverholder at **LLOYD'S**

Excess Liability Application for the Petroleum Distribution Industry

First Named Insured (Applicant):											
Physical Address:					Mailing Address:						
City:		State:		Zip:		City:		State:		Zip:	
Effective Date:		USDOT#:		MC#:		Years in Business:					
Limits Requested:											

Submission Requirements:

- | | |
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| A. This Supplemental Application | H. List of Named Insureds with Descriptions of Ops |
| B. Acord 125 | I. Schedule of Locations with Occupancy and Use |
| C. Umbrella Acord | J. Schedule of Storage Tanks |
| D. GL Acord | K. Complete Copies of Underlying Quotes for Auto & GL |
| E. Vehicle Schedule | L. MVR's are Encouraged but Not Required |
| F. Driver List with DL #'s and DOB's | M. Detail on Any AL or GL Losses Greater than \$50,000 |
| G. Five Years Currently Valued Loss Runs for Auto & GL | |

1. General & Auto Exposures

Columns 1 and 2 are required. Columns 3, 4, 5 and 6 are requested.

Providing a complete exposure history will increase the available credits.

	REQUIRED 1	REQUIRED 2	3	4	5	6
	<i>Estimated for Coming Year</i>	<i>Expiring Year</i>	<i>One Year Prior</i>	<i>Two Years Prior</i>	<i>Three Years Prior</i>	<i>Four Years Prior</i>
Miles						
Revenue						
Payroll						
Full-Time Equivalent Employee Count						
Vehicle Unit Counts						
PPTs						
Lights						
Mediums						
Heavy Trucks						
Extra Heavy Trucks						
Heavy Tractors						
Extra Heavy Tractors						
Total Units						

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2. GL Exposures

Complete this section if the information requested is not found on the GL Acord.

<i>GL Class Code</i>	<i>Class Code Description</i>	<i>Unit of Measure (Gallons, Revenue, Payroll, Sq. Ft., Etc.)</i>	<i>Exposure</i>

- 3. Are all above-ground storage tanks fenced and lighted? N/A Yes No
- 4. Are all above-ground liquid fuel tanks dyked? N/A Yes No
- 5. Is a separate site pollution policy maintained? Yes No
- 6. Is there a routine vehicle maintenance program? N/A Yes No
- 7. Is there a company safety program? Yes No
- 8. Does the primary carrier conduct loss control? Yes No
 - a. If so, how often?
- 9. Is there an employee training program for both new and experienced employees? Yes No
- 10. Is there a DOT compliant drug and alcohol testing policy? N/A Yes No
- 11. If Yes, is it a "Zero Tolerance" policy? N/A Yes No
- 12. Are post-accident drug and alcohol tests required in all circumstances? Yes No
- 13. Are CDL drivers required to report all prescription controlled substances being taken? Yes No
- 14. Are drivers required to stop using alcohol at least 8 hours before driving? Yes No
- 15. Are non-DOT regulated employees subject to random drug testing? Yes No
- 16. What is the driver turnover ratio? _____%
- 17. What is the overall employee turnover ratio? _____%
- 18. Are MVR's for all drivers checked prior to hiring and at least annually thereafter? Yes No
- 19. When MVR's are checked, is it verified that there are no serious violations for the prior 3 years? Serious violations are considered to be: Yes No
 - a. More than 3 combined at-fault accidents and moving violations
 - b. Driving while intoxicated, impaired or under the influence
 - c. Reckless operation
 - d. Vehicular manslaughter, negligent homicide or other vehicular felony
 - e. Leaving the scene of an accident
 - f. Drag racing
 - g. Fleeing or eluding an officer
 - h. License suspension (resulting from motor vehicle operation or ownership)
- 20. Do any employees under the age of 21 use their own vehicles on company business? Yes No
- 21. Is there a policy restricting the use of company vehicles for personal use to those over 21? Yes No
- 22. Are any recapped or retreaded tires used in the fleet? Yes No
- 23. Are brakes installed on customer vehicles? Yes No
- 24. Are new tires sold for use on customer vehicles? Yes No
- 25. If Yes, do tire manufacturers name the applicant as an additional insured vendor with a certificate of insurance? N/A Yes No
- 26. Are any used, recapped or retreaded tires sold for use on customer vehicles? Yes No
- 27. Are tires mounted on customer vehicles? N/A Yes No
- 28. Are road tests and pre-employment physicals administered to all new drivers? Yes No
- 29. Are drivers required to stick all UST and large commercial tanks prior to filling? N/A Yes No
- 30. Are common or contract carriers used to transport product to customers? Yes No

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|---|---------------------------|---------------------------|--------------------------|
| 31. Are common or contract carriers required to maintain total insurance limits of at least \$5,000,000 covering automobile liability, name applicant as an additional insured and provide certificates of insurance? | N/A | Yes | No |
| 32. Are there any driver incentives based upon the number of miles driven or the number of deliveries made? | | Yes | No |
| 33. What is the radius of travel based upon percentage of trips? <50 Miles _____% 51-200 Miles _____% >200 Miles _____% | | | |
| 33a. Do any of the trips greater than 200 miles require the driver to sleep away from home? If Yes, details here: | <input type="radio"/> N/A | <input type="radio"/> Yes | <input type="radio"/> No |
| 34. Is there any direct fueling of watercraft or aircraft? | | Yes | No |
| 35. Is there any motor or industrial oil recycling or disposal? | | Yes | No |
| 36. Is there any animal feed manufacturing, blending or mixing? | | Yes | No |
| 37. Are there any grain elevators operated? | | Yes | No |
| 38. Is there any mixing of chemicals or fertilizer? | | Yes | No |
| 39. Is there any pool service, installation or repair? | | Yes | No |
| 40. Are pressurized gases hauled other than propane, butane or natural gas? | | Yes | No |
- Provide detail below for any Yes answers to Questions 34-40:

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| Questions 41 – 55 pertain to the operation of convenience stores. | N/A | | |
| 41. Number of store locations operated by the applicant | | | |
| 42. Number of store locations open 24 hours | | | |
| 43. Total store sales not including restaurant or liquor | \$ | | |
| 44. Beer and wine sales | \$ | | |
| 45. Hard liquor sales | \$ | | |
| 46. Restaurant/Deli sales | \$ | | |
| 47. Number of store locations leased out to others | | | |
| 48. Total square footage of store locations leased out to others | | | |
| 49. Are tenants required to carry minimum GL limits of \$1,000,000/\$2,000,000, name applicant as an additional insured and provide a certificate of insurance? | | Yes | No |
| 50. Is any alcohol consumed on the premises? | N/A | Yes | No |
| 51. Are store employees given TIPS or comparable liquor training? | N/A | Yes | No |
| 52. Are video cameras present inside and outside with functioning recording and remote monitoring? | | Yes | No |
| 53. Are there any gambling machines? | | Yes | No |
| 54. Are housekeeping logs accurate and up-to-date? | | Yes | No |
| 55. Are fuel hatches above-ground and color-coded? | | Yes | No |

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| Questions 56 – 60 pertain to heating oil delivery. | N/A | | |
| 56. Is a “No Whistle, No Fill” policy maintained and are all drivers trained on it? | | Yes | No |
| 57. Are all fill pipes labeled? | | Yes | No |
| 58. Are the tank, fill pipe and vent pipe inspected on all new customers? | | Yes | No |
| 59. Is an automated degree day system used for automatic fill and seasonal customers? | | Yes | No |
| 60. What percentage of customers have automatic fill contracts? | _____ % | | |

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|--|-----|-----|----|
| Questions 61 – 63 pertain to propane delivery. | N/A | | |
| 61. Are equipment and connections thoroughly inspected on all new customers? | | Yes | No |
| 62. Is there a system employed to track and replace aged regulators? | | Yes | No |
| 63. Are NFPA out-of-gas procedures strictly followed and is regular training provided to all relevant personnel? | | Yes | No |

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|--|-----|-----|----|
| Questions 64-69 pertain to owned bottle filling. | N/A | | |
| 64. Are scales used when filling bottles? | | Yes | No |
| 65. Does the applicant keep a D.O.T./I.C.C. Cylinder visual inspection and Requalification log? | | Yes | No |
| 66. Does the applicant have a Requalifier Identification Number (RIN)? | | Yes | No |
| 67. Does the applicant instruct the customer on the proper method of transporting cylinders per NFPA 58? | | Yes | No |
| 68. Does the applicant refurbish cylinders? | | Yes | No |
| 69. Is the filling station in a well ventilated area? | | Yes | No |

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- Questions 70-74 pertain to non-owned bottle filling. N/A
70. Does the applicant supply gas or dispensing equipment to the non-owned or non-operated filling stations? Yes No
71. List the number of non-owned bottle filling customers: _____
72. Does the applicant have a hold harmless agreement with each customer? Yes No
73. Does the applicant obtain a current certificate of insurance from each customer? Yes No
74. Does the applicant provide regular training to each customer? Yes No
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75. Is any work subcontracted? Yes No
76. If Yes, are subcontractors required to carry minimum GL limits of \$1,000,000/\$2,000,000, name applicant as an additional insured and provide a certificate of insurance? N/A Yes No
77. Please provide below the type of work, to whom it is subcontracted and the annual cost: N/A
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78. Who is the expiring excess liability carrier and what is the expiring premium? _____
79. Is it requested that this coverage sit over the Employers Liability coverage? Yes No
If Yes, provide a copy of the dec page upon binding.
80. Does the applicant have a distracted driving policy? Yes No
81. Submitting Agency Information

Agency Name:		Producer Code:	
Producer		Account Executive	
Name:		Name:	
E-Mail:		E-Mail:	
Office Phone:		Office Phone:	
Cell Phone:		Cell Phone:	
Street Address:			
City:		State:	
		Zip:	

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. THE APPLICANT WARRANTS THAT THE STATEMENTS CONTAINED HEREIN AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS (THE "APPLICATION"), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS. FURTHERMORE, THE APPLICANT AUTHORIZES NORTHEAST NATIONAL BROKERAGE, LLC (THE "COMPANY") TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE APPLICATION AS IT MAY DEEM NECESSARY.

THE APPLICANT AGREES TO NOTIFY THE COMPANY OF ANY MATERIAL CHANGES IN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION WHICH MAY ARISE PRIOR TO THE EFFECTIVE DATE OF ANY POLICY ISSUED PURSUANT TO THIS APPLICATION AND THE APPLICANT UNDERSTANDS THAT ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN BASED UPON SUCH CHANGES AT THE SOLE DISCRETION OF THE COMPANY.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, DC, FL, HI, MA, NE, OH, OK, OR, VT OR WA. INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, AND VA).

IN THE DISTRICT OF COLUMBIA, 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 FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE OR COMMIT THE COMPANY TO POLICY ISSUANCE.

Signature of Officer/Manager of Insured Date

Printed Name of Officer/Manager

Title

Signature of Producing Agent Date

Printed Name of Producing Agent

Name of Agency