



ROBERT A. SCHNEIDER AGENCY, INC.

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Fuel Dealers Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name Agent

Applicant Mailing Address Applicant's Phone Number

Web Address

Inspection Contact

Proposed Policy Period to Phone Number for Inspection Contact

Applicant is Individual Partnership Corporation Joint Venture Other

Location #1

Location #2

Location #3

OPERATIONS & TRANSPORT

1. Is owner active in the management of operations? Yes No

2. Does applicant haul any product that he does not own? Yes No

If yes, what percentage % and type of product

3. List membership in any professional associations:

4. Is each employee trained in premises emergency procedures in event of fires or leaks? Yes No

5. Does applicant have a written emergency spill plan for drivers? Yes No

6. Does applicant comply with all DOT and other regulatory requirements? Yes No

7. What is the percentage of driver turnover?

Less than 10% 10% - 50% 50% +

8. Describe training procedures for new drivers:

9. Describe any continuing education programs in place.

**OPERATIONS & TRANSPORT (Continued)**

10. Does the applicant use independent owner / operators? .....  Yes  No  
 If owner / operator's are used, are certificates of insurance including applicant as Additional Insured required? ...  Yes  No
11. How many weekly trips are over 50 miles?
12. Does the applicant operate over a 200 miles radius? .....  Yes  No
13. How many drivers? ..... UNDER 25                      OVER 60
14. Does the applicant deliver aviation fuel? .....  Yes  No
15. Does the applicant deliver any racing fuel? .....  Yes  No
16. Does the applicant deliver fuel to marinas? .....  Yes  No
17. Does the applicant perform direct fueling of any watercraft? .....  Yes  No
18. Does the applicant handle Gasohol or any alcohol blended products? .....  Yes  No
19. Does applicant leave tanker truck on premises of others for their own dispensing? .....  Yes  No
20. **FUEL TYPES:** check all that apply

FUEL TYPES	ANNUAL GALLONS
<input type="checkbox"/> Wholesale distribution of gasoline & diesel fuels .....	_____
<input type="checkbox"/> Retail sales of gasoline & diesel fuels .....	_____
<input type="checkbox"/> Bulk oil distribution sales .....	_____
<input type="checkbox"/> Fuel oil for residential home heating .....	_____
<input type="checkbox"/> Retail sales of LPG .....	_____
<input type="checkbox"/> Wholesale distribution of LPG .....	_____
<input type="checkbox"/> Tank exchange services or sales through retail outlets .....	_____
<b>Gross annual sales from all operations .....</b>	_____

21. **FUEL STORAGE:** Complete if applicant owns any storage tanks.

STORAGE TANKS – GENERAL INFORMATION								
Loc #	CAPACITY	AGE	ABOVE OR BELOW GROUND	ON SADDLES OR CONCRETE PADS	TYPE OF MONITORING SYSTEM	CONSTRUCTION OF TANKS	CONSTRUCTION OF DIKE	FENCED Yes/No

**OPERATIONS & TRANSPORT (Continued)**

**LIST EACH TANK SEPARATELY**

21 a. Any exposure to streams, rivers, lakes or other water sources? .....  Yes  No  
 If yes, give complete description of exposures. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Using a separate piece of paper, draw a diagram indicating location of each tank and distance between tanks, the type of property on all four sides of each location including the distance in feet from the tanks.

22. If no tanks are owned, describe where applicant obtains their product for distribution.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIQUID PETROLEUM (LP) SERVICES**

1. Does applicant sell, service, repair or install:

- |   |                                 |                                |                              |
|---|---------------------------------|--------------------------------|------------------------------|
| Space Heaters                             | <input type="checkbox"/> Repair | <input type="checkbox"/> Sales | <input type="checkbox"/> N/A |
| Water Heaters                             | <input type="checkbox"/> Repair | <input type="checkbox"/> Sales | <input type="checkbox"/> N/A |
| Gas Grills                                | <input type="checkbox"/> Repair | <input type="checkbox"/> Sales | <input type="checkbox"/> N/A |
| Heating or AC Systems                     | <input type="checkbox"/> Repair | <input type="checkbox"/> Sales | <input type="checkbox"/> N/A |
| Other LPG Appliances                      | <input type="checkbox"/> Repair | <input type="checkbox"/> Sales | <input type="checkbox"/> N/A |
| Total sales from above appliances         | \$ _____                        |                                |                              |
| Total payroll from service / installation | \$ _____                        |                                |                              |

2. Does applicant perform any propane gas carburetion work? .....  Yes  No  
 Total Sales \$ \_\_\_\_\_

3. How are customers for LP delivery set up?

- Automatic Fill \_\_\_\_\_ %  Will Call \_\_\_\_\_ %

4. Does applicant provide any bottle filling operations? .....  Yes  No

5. Are scales used when filling bottles? .....  Yes  No

6. Does applicant distribute propane gas by underground mains or pipes? .....  Yes  No

7. Does applicant participate in a gas check system? .....  Yes  No  
 If yes, describe \_\_\_\_\_

\_\_\_\_\_

8. Does applicant sell anhydrous ammonia, butane or other gas? .....  Yes  No  
 If yes, what type? \_\_\_\_\_ Annual Gallons \_\_\_\_\_

9. Describe the New Customer policy & **attach** any copies of pre-survey.

\_\_\_\_\_

10. Describe the "Out of Gas" policy.

\_\_\_\_\_

