



Oil & Fuel Dealers Supplemental Application

Applicant Name: _____

Company _____

Website: _____

Proposed Eff. Date: _____

FEIN/SSN: _____

Detailed Description of Operation (Typical Services Offered, Typical Clients)

Historic Payroll and Premium

Year	Governing Class Code	Total Payroll	Total Premium

Hiring Practices (i.e., conducted at hire, prior to hire, or immediately following hire)

Answer	Question
[] All [] Some [] None	Do employees have documented (formal and written) job descriptions?
[] All [] Some [] None	Do applicants submit a written application?
[] All [] Some [] None	Are applicants screened by performing reference checks?
[] All [] Some [] None	Does company review Drivers' MVR's?
[] All [] Some [] None	Are applicants subject to a pre-hire drug test and pre-hire physicals?
[] All [] Some [] None	Are personnel files documented for pre-existing injuries?
[] Yes [] % [] No	Does company provide Medical Insurance to employees? If yes, please indicate percentage enrolled
[] Yes [] % [] No	Does the company hire Union employees? If yes, please indicate percentage

Safety Practices and Loss Control

Answer	Question
[] All [] Some [] None	Is there a formal return to work program?
[] All [] Some [] None	Do employees receive a written safety manual?
[] All [] Some [] None	Do you have a formal and written injury & illness prevention program (IIPP)?
[] All [] Some [] None	Do employees receive quarterly (or more frequently) safety training, which is then documented in writing?
[] All [] Some [] None	Are employees subject to random and post-accident drug tests?
[] All [] Some [] None	After terminating an employees are personnel files documented with employee signed notes regarding any potential injuries incurred during their work for you?
[] All [] Some [] None	Is the ownership active in the day-to-day operations of the company?
[] All [] Some [] None	Full time risk / safety manager employed whose job is 50%+ safety related?
[] All [] Some [] None	Formal accident investigation procedures?
[] All [] Some [] None	Formal claims reporting procedures?
[] All [] Some [] None	Does company provide group transportation of more than four (4) employees

For all answers above answered with a "SOME" or "NONE" please provide a narrative description below.

Please complete all pages. The **APPLICANT** must sign the last page. By signing the last page the applicant is attesting that the information provided on EACH page is complete and accurate information as of the date signed. By signing the last page, the applicant agrees to notify us immediately to any change in their operations that would result in a change to any of the answers provided on this entire application.



**Supplemental Application –continued
Oil/Fuel Dealer**

For Class 8350 employees, complete this breakdown by employee function

Type	# FT	# PT	# Seasonal	Union?	Avg. Wage Per Hour
Delivery Driver				[] Yes [] No	
Mechanics				[] Yes [] No	
Yard/Warehouse (Not Driver)				[] Yes [] No	
Other (Provide Separate Description)				[] Yes [] No	

Operations by Package Type (by %) [Total each column to 100%]

	Received by You	Delivered by You
Bulk (in tankers, loaded / unloaded with hose)		
55 Gallon Drums (and similar)		
330 Gallon Totes (and similar)		
Propane / LPG / Etc. Cylinders (and similar)		
Box / Crates / Pallets (and similar)		
Other		

Who Do You Deliver To? (by %) [Total to 100%]

	Delivered by You
Gas Stations (Both Owned & Not)	
Other Refineries	
Manufacturing / Industrial Plants	
Truck / Equipment Yards	
Farms / Construction Sites	
Other	

Specific Exposure Y/N Questions (for any "Yes" answers, please provide additional details in the blank section below)

[] Yes [] No	Do any employees ever clean the inside of tank trailers?
[] Yes [] No	On average, does each driver make more than 6 stops per day?
[] Yes [] No	Do you perform any maintenance / repair ops (i.e., electrical, painting, pump repair, etc.) for others?
[] Yes [] No	Do you operate a gas station / convenience store that is open past 10pm?
[] Yes [] No	Do you provide any tow truck or car wash services?
[] Yes [] No	Are all top-loading tanker trailers accessed via a loading rack?
[] Yes [] No	Do you deal in or dispose of second hand / used oil / petroleum / lubricants?
[] Yes [] No	Do you install or service any gas appliances for retail customers?
[] Yes [] No	Do you fuel aircraft?

Subcontract / Independent Contractor Exposures

Answer	Question	Describe What You Subcontract
[] Yes [] No	Do you subcontract any work? If so, what % _____	
[] Yes [] No	Do you keep certificates of Workers Comp. Ins. for all subs?	
[] Yes [] No	Is the entire payroll for <u>uninsured</u> subcontractors included in your payroll estimate?	
[] Yes [] No	Do you use a subcontractor agreement? If so, please provide	

Please note that any payments you make to subcontractors who cannot evidence their own currently-valid workers compensation coverage are subject to inclusion in your audit premium. Other types of insurance (i.e., occupational accident insurance) are not acceptable in lieu of workers compensation insurance. Premium auditors will request to see all subcontractor certificates.

To the best of my knowledge, all of the information I have given about my business is true and correct. If information is found to be different as the result of my knowingly attempting to defraud the insurance company, or if information is concealed for the purpose of misleading, or another person files an application for insurance containing materially false information, the insurance company may send direct notice of cancellation.

Officer or Owner of Business _____

Date _____