



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

### Safety Practices and Loss Control

Answer	Question
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Is there a formal return to work program?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Do employees receive a written safety manual?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Do you have a formal and written injury & illness prevention program (IIPP)?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Do employees receive quarterly (or more frequently) safety training, which is then documented in writing?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Are employees subject to random and post-accident drug tests?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	After terminating an employees are personnel files documented with employee signed notes regarding any potential injuries incurred during their work for you?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Is the ownership active in the day-to-day operations of the company?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Full time risk / safety manager employed whose job is 50%+ safety related?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Formal accident investigation procedures?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Formal claims reporting procedures?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> 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				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mechanics				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Yard/Warehouse (Not Driver)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Provide Separate Description)				<input type="checkbox"/> Yes <input type="checkbox"/> 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)**

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

**Subcontract / Independent Contractor Exposures**

Answer	Question	Describe What You Subcontract
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you subcontract any work? If so, what % _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you keep certificates of Workers Comp. Ins. for all subs?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the entire payroll for <u>uninsured</u> subcontractors included in your payroll estimate?	
<input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_