

QUAKER SPECIAL RISK

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PETROLEUM LPG/DISTRIBUTORS GENERAL LIABILITY QUESTIONNAIRE

SERVICE STATIONS – List Total Number of:

TYPE OF STATION	OWNED & OPERATED STATIONS	STORES WITHOUT GAS PUMPS
Full Service:		
Self Service:		

CONVENIENCE STORES – List Total Number of:

TYPE OF STORE	STORES WITH GAS STATIONS	STORES WITHOUT GAS PUMPS
Owned & Operated:		
Leased to Others:		
Are any of the convenience stores open 24 hours per day?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If any of the convenience stores are open 24 hours per day, please state the number of stores operation on this basis and provide full details on the operations of that location.		
Is Liquor Liability included in the primary		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Liquor Liability is included in the primary, provide carrier, limit and premium:		

GENERAL INFORMATION:

If the underlying includes Erroneous Deliver, is there a sublimit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
List sublimit for Erroneous Delivery (if applicable):	\$
Does the underlying provide coverage for Upset & Overturn?	Yes <input type="checkbox"/> No <input type="checkbox"/>

BULK STORAGE FACILITIES – List # of Tanks & Gallons per tank(s) each category:

Gas	Number:		Gallons:		Number:		Gallons:	
Fuel	Number:		Gallons:		Number:		Gallons:	
Oil	Number:		Gallons:		Number:		Gallons:	
Diesel	Number:		Gallons:		Number:		Gallons:	
LPG	Number:		Gallons:		Number:		Gallons:	
Are all storage tanks:	Number:		Gallons:		Number:		Gallons:	
Fenced to meet EPA Standards?							Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are all storage tanks:	Diked?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Vented?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Drained?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Describe surrounding exposures to premises and distance from tanks:								

PETROLEUM LPG/DISTRIBUTORS GENERAL LIABILITY QUESTIONNAIRE 2

BULK STORAGE FACILITIES – Continued from Page 1:

Does the insured own the area surrounding the bulk storage facilities? Yes No

Location of bulk storage facilities if more than one:	

NAMED INSURED / OPERATIONS:

If more than one entity give name & operations of each:	

Distance of the nearest fire department (from the insured's premises):	
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Quaker Special Risk

a division of the Quaker Agency Inc.

PETROLEUM DISTRIBUTORS – UMBRELLA/EXCESS LIABILITY

LIMITS REQUESTED:		PROPOSED EFFECTIVE DATE:	
NAMED INSURED (Show "full" name including all subsidiary companies – Attach an additional sheet if necessary):			
MAILING ADDRESS: Street:			
City:	County:	State:	Zip:
DESCRIPTION OF OPERATIONS:			

VEHICLE INFORMATION:

STATE NUMBER OF VEHICLES:	RADIUS OF OPERATIONS		
	LOCAL	INTERMEDIATE	LONG HAUL
Private Passenger Cars:			
Light Trucks, Vans, Pick-ups, Flatbeds, etc.			
Fuel Oil Diesel Kerosene Tankers – Medium:			
Fuel Oil Diesel Kerosene Tankers – Heavy:			
Fuel Oil Diesel Kerosene Tankers – Extra Heavy:			
Fuel Oil Diesel Kerosene Tankers – Tractor:			
Gasoline & LP Gas Tankers – Medium:			
Gasoline & LP Gas Tankers – Heavy:			
Gasoline & LP Gas Tankers – Extra Heavy:			
Gasoline & LP Gas Tankers – Tractors:			

PERCENTAGE OF PRODUCT HAULED:	Gas:	%	Fuel Oil:	%	Diesel:	%	LPG:	%	Other:	%

GENERAL LIABILITY - UNDERWRITING INFORMATION:

	RETAIL	WHOLESALE	BROKERAGE
GALLONAGE:	Fuel Oil		
	Gasoline		
	Diesel		
	Propane/LPG		
	Other		
OTHER EXPOSURES:	Convenience Store (excluding liquor receipts)	Receipts	\$
	Liquor	Receipts	\$
	Auto Parts	Receipts	\$
	Furnace Repair/Service:	Receipts	\$
	Auto Repairs	Receipts	\$
	Restaurant	Receipts	\$
	Car Wash	Receipts	\$
	Lessors Risk Only	Square Footage	SF
	Watercraft		Attach Complete Schedule
	Other:		
List and describe any other non-petroleum marketing exposure:			
GROSS RECEIPTS:	\$	TOTAL PAYROLL:	\$

SCHEDULE OF PRIMARY POLICIES (To be incorporated in the policy):

COVERAGE	LIMITS	CARRIER	POLICY PERIOD	SIR/ DEDUCTIBLE	ANNUAL PREMIUM
GENERAL LIABILITY:	\$ Occ.			\$	\$
	\$ Gen Agg				
	\$ Prod Agg				
	\$ Per & Adv				
	<input type="checkbox"/> Defense inside limit				
	<input type="checkbox"/> Def. outside limit				
Aggregate Applies: <input type="checkbox"/> Per Location <input type="checkbox"/> Per Project <input type="checkbox"/> Per Policy					
AUTOMOBILE LIABILITY:	\$ CSL			\$	\$
EMPLOYERS LIABILITY:	\$ Ea Acc.			\$	\$
	\$ Ea Emp.				
	\$ Pol. Limit				
LIQUOR LIABILITY:	\$ Comm.. Cause			\$	\$
	\$ Agg.				

SCHEDULE OF PRIMARY POLICIES (To be incorporated in the policy): Continued

OTHER UNDERLYING COVERAGE:	\$			\$	\$
EXPIRING UMBRELLA LIABILITY:	\$			\$	\$

AGGREGATE FIRST DOLLAR LOSSES – LAST FIVE (5) YEARS: Do not send copies of loss runs.

AUTOMOBILE: Valuation Date: / /

Year	Number of Claims	Paid \$	Reserved \$	Total Incurred \$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

GENERAL LIABILITY: Valuation Date: / /

Year	Number of Claims	Paid \$	Reserved \$	Total Incurred \$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Describe all losses paid or now in reserve over \$25,000: (Attach separate sheet if necessary)

PETROLEUM DISTRIBUTORS – UMBRELLA/EXCESS LIABILITY – Signature Page

SUBMITTED BY:	
Agent Name:	Agency:
Address:	
Telephone:	Fax:

SIGNATURE OF INSURED WITH BINDING ORDER:	
<p>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 STATE PRISON.</p>	
<p>_____ Signature of Applicant</p> <p>_____ Title</p> <p>_____ Date</p>	<p>_____ Signature of Agent</p> <p>_____ Title</p> <p>_____ Date</p>

PETROLEUM DISTRIBUTORS AUTO SAFETY QUESTIONNAIRE

1.	Does the applicant haul for others:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, what is hauling for others as percentage of the total operations?		
2.	Does the applicant have a safety program in effect?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is the program formal or informal:	Formal <input type="checkbox"/>	Informal <input type="checkbox"/>
	Is there a safety director?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	How often are meetings held?		
3.	Are there driver incentives or safety awards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are there incentives/awards for accident free miles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are there incentives/awards for violation free miles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Are MVR's checked prior to hiring drivers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	How often after hire?		
5.	What is the minimum age of drivers?		
	What is the maximum age of drivers?		
6.	Does the applicant have a vehicle maintenance program in effect?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	How often is maintenance performed?		
7.	Through what major cities does the applicant travel?		
8.	Are owner operators used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, how many?		
	If yes, must they follow the same guidelines as regular drivers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, must they follow the applicant's maintenance program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, are owner/operator units included in the totals above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Does the company require drug testing on hiring?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	What is the turnover percentage of drivers?	%	

