

Heating Oil Dealers Risk Purchasing Group Umbrella Liability Application

RETURN COMPLETED APPLICATION TO: Jack P. Kramer, Vice President • jack.kramer@amwins.com
 AmWINS Brokerage of New England
 3 Farm Glen Boulevard, Suite 202, Farmington, CT 06032
 Fax: 860-777-2839 • Tel: 860-777-2830

Insured Name: _____
 Address: _____
 City, State, Zip: _____
 Limits to be Quoted: _____ Years in Business: _____

Please attach a list of all named insureds with a brief description of each operation.

1. Auto Fleet (See Last Page for Vehicle Classification Explanation)

<i>Vehicles Hauling Heating Oil/Diesel Fuel</i>	<i>Heavy Tanker Trucks</i>	<i>Extra Heavy Tanker Trucks</i>	<i>Heavy Tractors</i>	<i>Extra Heavy Tractors</i>
# of Vehicles				

<i>Other Vehicles</i>	<i>Mediums</i>	<i>Service Vans & Light Trucks</i>	<i>Private Passenger Cars</i>
# of Vehicles			

Radius of Operation: <50 Miles ____% 50-200 Miles ____% >200 Miles ____%

Please attach commercial auto accord application including vehicle schedule.

2. Business Volume Data

Total Revenues \$ _____
 Heating Oil Volume _____ Gallons
 % Commercial _____ %
 % Residential _____ %
 Diesel Fuel Volume _____ Gallons
 Total Payroll (Excluding Owners) \$ _____
 Heating/Cooling Service Payroll \$ _____
 Space Rented to Others _____ Sq. Ft.

Describe the operations of any tenants renting space (include use, address, # of stories, construction & fire/life safety details.) _____

Describe ANY other exposures or business activities not identified above. _____

Are there any above-ground BULK STORAGE tanks? YES / NO
 If YES, provide detail on the capacity of each tank, fencing, lighting and whether or not the tanks are dyked. Also, indicate if a separate pollution policy is in place including the carrier and limits. Attach a separate sheet if necessary. _____

Please attach commercial general liability accord application including classification schedule.

3. Losses

Please submit 5 years of currently-valued hard-copy loss runs for general liability, auto liability and umbrella and complete the loss summary below.

Please provide detail on any general liability or auto liability loss of \$50,000 incurred or greater.

Policy Year Incurred Aggregate Losses (Include Both Paid & Reserved)

	Current Year	1 st Prior Year	2 nd Prior Year	3 rd Prior Year	4 th Prior Year
General Liability					
Auto Liability					

Valuation Date of Loss Information: _____

Note: This loss summary may be submitted on a separate sheet.

Within the past 5 years, have there been any third-party liability claims involving:

- Death Yes / No
- Brain damage Yes / No
- Burns over 50% of the body Yes / No
- Substantial disfigurement of the body Yes / No
- Spinal cord injuries involving any degree of paralysis Yes / No
- Any injury to a minor child Yes / No
- Any estimate of damages in excess of 50% of the applicable underlying insurance limit Yes / No

Please provide complete details on a separate sheet of any "YES" answers.

4. Safety Procedures

- Is there a vehicle maintenance program? YES / NO
- Are driver MVR's checked annually? YES / NO
- Is there a driver safety program? YES / NO

5. Driver Information

Within the past 3 years, has any driver had:

- Suspended license Yes / No
- Major violation (DUI, DWI, reckless driving, etc.) Yes / No
- More than 2 at-fault accidents Yes / No
- More than 3 moving violations Yes / No

Please provide a complete list of drivers including dates of birth and drivers' license numbers. Please also provide current MVR's for all drivers.

6. Underlying Insurance Program (For Coming Year Unless Otherwise Noted)

Coverage	Carrier	Limits	Expiring Premium	Effective Date
General Liability				
Does the General Aggregate apply per location? YES / NO				
Auto Liability				
Is there Hired Auto Coverage? YES / NO Is there Non-Owned Auto Coverage? YES / NO				
Employers Liability				
Expiring Umbrella				

7. Locations

Please list all location addresses and how they are occupied. Separate sheet(s) may be attached.

8. Are there any owned or leased aircraft? YES / NO

9. Does the insured perform or arrange any of the following?

- Direct fueling of aircraft or watercraft YES / NO
- Hauling products as a common carrier YES / NO
- Motor oil recycling or disposal YES / NO
- Animal feed manufacturing YES / NO
- Fertilizer or chemical mixing YES / NO
- Pool service, installation or repair YES / NO
- Sale/hauling/mixing of gasoline YES / NO
- Sale/delivery of propane YES / NO
- Sale of grills or other portable equipment YES / NO
- Own/operate/lease convenience stores YES / NO
- Ice production or sales YES / NO
- Car washes YES / NO

Please provide detail on any YES answer.

10. Subcontracted Work

Is any heating/cooling service work done by subcontractors? YES / NO If YES, is a Certificate of Insurance obtained documenting limits of \$1MM Each Occurrence, \$2MM General Aggregate (per location) and \$2MM Products/Completed Ops Aggregate and is the Insured listed as an Additional Insured and held harmless by the subcontractor? YES / NO

11. Submitting Agency Information

Producer Name: _____
 Agency Name: _____
 Street Address: _____
 City, State, Zip _____
 Telephone: _____ E-Mail: _____
 Fax: _____

Do you have a direct relationship with the insured? YES / NO

12. Signatures

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.

My signature below signifies that the information contained herein and attached hereto is accurate to the best of my knowledge and belief.

 Signature of Officer/Manager of Insured Date

 Signature of Producing Agent Date

 Printed Name of Officer/Manager

 Printed Name of Producing Agent

 Title

 Name of Agency

Application Checklist

- This Application Fully Completed
- GL and Auto Acord Applications (A Primary Fuel Oil Program Supplement is Acceptable)
- 5 Years Currently Valued Hard Copy Loss Runs for General Liability, Auto Liability and Umbrella
- Schedule of Vehicles
- List of Drivers Including Dates of Birth and Drivers' License Numbers
- MVR's for All Drivers

Explanation of Vehicle Classifications

Light

- ❖ Up to 10,000 lbs. in GVW (Gross Vehicle Weight)
- ❖ Often referred to as “1/2 Ton” or “3/4 Ton”
- ❖ Not subject to ISO secondary use factor unless:
 - Specialized delivery (mail delivery, armored car, etc.)
 - Waste disposal
 - Farming operations
 - Dumping operations
- ❖ Includes pick-ups, truck based station wagons and utility vehicles
- ❖ Typically local radius

Medium

- ❖ 10,001 to 20,000 lbs. GVW
- ❖ Often referred to as “1 Ton” or “1 1/2 Ton”
- ❖ Straight truck configuration
- ❖ Typically local to intermediate radius

Heavy Truck

- ❖ 20,000 to 45,000 lbs. GVW
- ❖ Often referred to as “2 Tons” or “3 Tons”
- ❖ Not equipped with a “fifth wheel” or semi-trailer hitch
- ❖ Straight truck configuration
- ❖ Typically local to intermediate radius
- ❖ Most straight tank trucks without a “fifth wheel” hauling fuel oil or gasoline fall into this category

Extra Heavy Truck

- ❖ 45,001 lbs. or more GVW
- ❖ Cement mixers and big dump trucks
- ❖ Often referred to as “4 Tons”
- ❖ Typically local radius

Heavy Tractor

- ❖ Up to 45,000 lbs. GCW (Gross Cargo Weight)
- ❖ “Fifth wheel” or semi-trailer hitch configuration

Extra Heavy Tractor

- ❖ 45,001 lbs. or more GCW
- ❖ Average maximum GCW of 80,000 lbs.
- ❖ “Fifth wheel” or semi-trailer hitch configuration

NOTE: Power units with a “fifth wheel” hauling fuel in tanker trailers are either Heavy Tractors or Extra Heavy Tractors depending upon the GCW.