

**THE PUMP Programs**  
**BULK LUBE DISTRIBUTOR**  
**NEW BUSINESS SUPPLEMENTAL APPLICATION**  
**(To Be Completed And Signed By Company Manager)**

Insured: \_\_\_\_\_

Do you own/operate any c-stores, service stations, truck stops or other retail? \_\_\_\_Yes \_\_\_\_No

If yes, attach "Convenience Stores, Service Stations, Truckstops and Other Retail Addendum".

Do you operate tractor trailers? \_\_\_\_Yes \_\_\_\_No

If yes, attach "Tractor Trailer Addendum".

**A. Delivery Options**

1. Indicate the percentage of product delivered in bulk (tank truck): \_\_\_\_\_

a. How many gallons is that? \_\_\_\_\_

2. Indicate percentage of product delivered in drums: \_\_\_\_%

3. Indicate percentage of packaged goods: \_\_\_\_%

4. What other products do you distribute besides lubricants and motor oils? List any non petroleum product:

\_\_\_\_\_

5. Do you package any product under your own label? \_\_\_\_Yes \_\_\_\_No

a. If yes, describe the product:

\_\_\_\_\_

6. Do you haul product for others? \_\_\_\_Yes \_\_\_\_No

a. If yes, what product and who do you haul for?

\_\_\_\_\_

7. Do you have others haul product for you? \_\_\_\_Yes \_\_\_\_No

8. Are Spill Kits on all tank trucks? \_\_\_\_Yes \_\_\_\_No

9. How far is the distance to your furthest regular customer? \_\_\_\_\_miles

**B. Property Leased to Others**

1. Do you lease any property to others? \_\_\_\_Yes \_\_\_\_No

a. If yes, who are your tenants?

\_\_\_\_\_

2. Do you maintain Certificates of Insurance that confirm General Liability Coverage and name you as Landlord Additional Insured? \_\_\_\_Yes \_\_\_\_No (If yes, attach copies of Certificates)

**C. Petroleum Storage Facilities**

1. Provide a list of all locations storing petroleum products in bulk. Identify the size and product in each tank.

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a) Is your bulk facility inside a building?  Yes  No

2. Do you have a Written Emergency Plan for fuel leaks and/or fires?  Yes  No  
(If yes, attach copy of plan)

3. Are Tanks properly marked as to indicate their contents?  Yes  No

4. Are Tanks properly grounded during loading and unloading?  Yes  No

5. Are electrical switches and lighting explosion proof?  Yes  No

6. Are the shut-off valves clearly visible?  Yes  No

7. Are lines, meters and pumps tagged or color coded?  Yes  No

8. Describe your Fire Fighting Protection on premises (e.g., extinguishers, standpipes, foam equipment sprinklers, hydrants, etc):

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9. Distance to responding Fire Department: \_\_\_\_\_

10. Describe neighboring properties:

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11. Are premises completely fenced?  Yes  No (If no, describe perimeter protection):

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12. How would you characterize the neighborhood?

Rural  Urban  Industrial  Residential

13. Do you carry Pollution Liability on your bulk plant?  Yes  No

14. Who delivers to your bulk plant?

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Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

# Tractor Trailer Addendum

Number of tractors \_\_\_\_\_ Number of trailers \_\_\_\_\_ List the trailers and the product hauled in each:

Description of Trailer (Year, Make, Model)	Product(s) Hauled
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

1. How are drivers paid? Hourly salary \_\_\_\_\_ Per trip/load \_\_\_\_\_ Other (specify) \_\_\_\_\_

a. Average wage for drivers \_\_\_\_\_

2. Where is the primary terminal(s) where you pick up product? (City, State)

\_\_\_\_\_

3. Where are the majority of deliveries made using Tractors? (City, State)

\_\_\_\_\_

4. Identify tractor trailer drivers on the driver list.

\_\_\_\_\_

\_\_\_\_\_

5. What is the average tenure for the tractor trailer drivers? \_\_\_\_\_

6. Do you ever transport beyond 100 miles? \_\_\_\_Yes \_\_\_\_No

a. **If yes**, describe, including maximum distance travelled and the frequency and purpose of that trip.

\_\_\_\_\_

\_\_\_\_\_

7. What products are hauled by tractor trailer?

Boxed Goods \_\_\_\_\_ % Drums \_\_\_\_\_ % Tank Trailers \_\_\_\_\_ %

8. How many tractor trailer shifts do you run per day? \_\_\_\_\_

a. What are the hours of those shifts? \_\_\_\_\_

9. Do you use owner operators? \_\_\_\_\_

a. Are their tractors on your auto schedule or do you require they carry their own insurance?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

# Convenience Stores, Service Stations, Truckstops and Other Retail Addendum

## A. Convenience Stores, Service Stations and Truckstops

1. Total number of:

	Owned By The Insured	Operated By the Insured	Not Operated by Insured
Convenience Stores:			
Service Stations:			
Truck Stops:			

a. Describe other retail operations:

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2. At convenience stores, service stations or truck stops do you have (Check if applicable):

- a. TV cameras \_\_\_\_\_
- b. Protected booth \_\_\_\_\_
- c. Drop Safe \_\_\_\_\_
- d. Hold-up alarms \_\_\_\_\_
- e. Other \_\_\_\_\_ Describe: \_\_\_\_\_

3. Describe your employee training program:

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4. Do you operate LPG cylinder fill or exchange stations? \_\_\_\_ Yes \_\_\_\_ No

a. **If yes**, is it fill or exchange? \_\_\_\_\_

5. Distance to responding fire departments: \_\_\_\_\_

6. Open 24 hours \_\_\_\_ Yes \_\_\_\_ No

a. **If no**, give daily hours of operation: \_\_\_\_\_

7. Are curbs, steps, inclines, etc., painted yellow to alert customers of change in walkway? \_\_\_\_ Yes \_\_\_\_ No

8. Are rain mats or throws used to prevent slip/fall occurrences during inclement weather, and are "slippery when wet" signs used during housecleaning, such as mopping spills? \_\_\_\_ Yes \_\_\_\_ No

9. What other methods (if any) are used to prevent slip/fall exposures? Describe in detail:

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10. Describe extent of vehicle repair and service and type of vehicles worked on:

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11. Are customer vehicles garaged overnight? \_\_\_\_ Yes \_\_\_\_ No

## B. Other Retail

### Car Wash Exposure

1. Do any of the facilities have car wash operations? \_\_\_\_ Yes \_\_\_\_ No

a. **If yes**, how many? \_\_\_\_\_

Full Service \_\_\_\_\_ Self Service \_\_\_\_\_

### Cooking Exposure

1. How many restaurants or fast-food operations do you own or operate? \_\_\_\_\_

2. Describe type of food & usual hours of operation: \_\_\_\_\_

3. Are all cooking areas protected by automatic extinguishing systems in hood and duct? \_\_\_\_ Yes \_\_\_\_ No

4. Are hood filters cleaned monthly at a minimum? \_\_\_\_ Yes \_\_\_\_ No

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

