



THE ULTIMATE INSURANCE PROTECTION PROGRAM  
FOR PETROLEUM MARKETERS

# The PUMP Programs

## FUEL OIL DEALERS

### NEW BUSINESS SUPPLEMENTAL APPLICATION

(To be completed and signed by Oil Company Manager)

INSURED: \_\_\_\_\_

Do you deliver fuel to marinas? \_\_\_ YES \_\_\_ NO. If YES, attach MARINA FUEL ADDENDUM.

Do you deliver LP Gas? \_\_\_ YES \_\_\_ NO. If YES, attach LP GAS ADDENDUM.

Do you deliver Aviation or Jet Fuel? \_\_\_ YES \_\_\_ NO.

Do you own/operate any C-Stores, Service Stations, Truck Stops or Other Retail? \_\_\_ YES \_\_\_ NO.  
If YES, attach C-STORE ADDENDUM.

Do you operate Tractor trailers? \_\_\_ Yes \_\_\_ No. If YES attach TRACTOR TRAILER ADDENDUM

#### **A – DELIVERY OPERATIONS**

1. Indicate the percentage of fuel oil delivered to: Residential Customers \_\_\_ Commercial Customers \_\_\_

2. What percentage of your customers are on a fuel assistance program? \_\_\_\_\_

3. What percentage of your customers are seasonal/vacation homes? \_\_\_\_\_ Are these customers on automatic? \_\_\_ Yes \_\_\_ No

4. Indicate the percentage of Automatic Fill Customers \_\_\_\_\_; Will Call Customers \_\_\_\_\_

- What percentage of Will Call customers are repeat customers? \_\_\_\_\_%
- Automatic Fill, How do you monitor customer consumption? \_\_\_\_\_
- Automatic Fill, Are customers notified of excessive usage? \_\_\_ YES \_\_\_ NO If YES, what action is taken? \_\_\_\_\_
- Will Call, is there a procedure for “sticking” UST & Large Commercial tanks? \_\_\_ YES \_\_\_ NO

5. How many after hours “out of oil” deliveries to new will call customers do you make per season? \_\_\_\_\_

6. How many new customer orders do you receive over the internet? \_\_\_\_\_

7. Do you follow a “No whistle, no fill” Policy? \_\_\_ YES \_\_\_ NO If NO, what precautions are taken?  
\_\_\_\_\_

- What percentage of your customers do not have working vent alarms? \_\_\_\_\_%

8. Are customer tanks and piping inspected? \_\_\_ YES \_\_\_ NO How often? \_\_\_\_\_

- What action is taken when a problem is discovered? \_\_\_\_\_

9. How do drivers identify fill pipes at customer locations? \_\_\_\_\_

10. Do you haul product for others? \_\_\_YES \_\_\_NO. If YES, what product and who do you haul for:  
\_\_\_\_\_

11. Do you have others haul product for you? \_\_\_YES \_\_\_NO

12. Are Spill Kits on all trucks (service & tank)? \_\_\_YES \_\_\_NO

13. Do you have a mandatory policy for the use of wheel chocks? \_\_\_ YES \_\_\_ NO

### **B – SERVICE OPERATIONS**

1. What percentage of Customers are full service customers? \_\_\_\_\_

2. If you have full service customers, do you use a “Service Agreement”? \_\_\_YES \_\_\_NO. If YES, please provide a sample of the agreement.

3. If you have a service department:

- How many Full time Techs? \_\_\_\_\_ Trainees/Apprentices? \_\_\_\_\_
- What is the Turnover Rate? \_\_\_\_\_
- What is Average Wage for a Service Tech? \_\_\_\_\_

4. Do you subcontract any operations? \_\_\_YES \_\_\_NO.

- If YES, describe operations in detail **including the cost of the subcontracted work:**  
\_\_\_\_\_  
\_\_\_\_\_

✓ **Note: Referring your customers to another company is NOT subbing work. If you collect the money for the job & pay the other company then it is subbed work. That is the cost.**

5. Do you perform or have you in the past performed **underground tank** service, installation or repair? \_\_\_ YES \_\_\_ NO

6. Do you perform Remediation work? \_\_\_YES \_\_\_NO

### **C – PROPERTY LEASED TO OTHERS**

1. Do you lease any property to others? \_\_\_YES \_\_\_NO. If YES:

- Who are your tenants?  
\_\_\_\_\_
- 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.)
- If terminal facilities are leased to others provide a copy of the agreement.

### **D– PETROLEUM STORAGE FACILITIES**

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

- 
2. Do you have a Written Emergency Plan for fuel leaks and/or fires?  YES  NO. If YES, attach.
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)

---

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

10. Describe neighboring properties and approximate distance from tanks:

---

11. Are premises completely fenced?  YES  NO. If NO, describe perimeter protection:

---

12. How would you characterize the neighborhood? Rural  Urban  Industrial  Residential

13. Do you carry Pollution Liability on your Bulk Plant?  YES  NO

14. Do others load at your rack?  YES  NO If YES, what type of training do you provide to their drivers?

---

15. Who delivers to your Bulk Plant? \_\_\_\_\_

**MARINA FUEL ADDENDUM**

- 1. Annual gallons sold or delivered to marinas? \_\_\_\_\_ gallons
- 2. What percentage of overall gasoline distribution is derived from Marina distribution? \_\_\_\_\_ %
- 3. Do you deliver to tanks on or near waterways? \_\_\_YES \_\_\_NO.  
Any direct fueling of watercraft? \_\_\_YES \_\_\_NO

If YES to either question, describe operations in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe procedures for preventing or detecting contamination of the product (be specific):

- a. When you take delivery: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Before you make delivery: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. In customer's tanks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# LP GAS ADDENDUM

## A – LPG DELIVERY OPERATIONS

1. Annual gallons of LP Gas sold or delivered? \_\_\_\_\_ Gallons
  
2. Number of Bobtails \_\_\_\_\_
  
3. Are you a member of NPGA or a state/regional association affiliated with NPGA? \_\_\_YES \_\_\_NO  
Please specify: \_\_\_\_\_
  
4. By what means do you distribute LPG?
  - a. Cylinders          Annual Gallons \_\_\_\_\_
  - b. Bulk delivery      Annual Gallons \_\_\_\_\_
  
  - c. Check all that apply to your customer base:

<input type="checkbox"/> Homeowners	<input type="checkbox"/> Agricultural
<input type="checkbox"/> Hospitals/Nursing Homes	<input type="checkbox"/> Campgrounds/Recreational Areas
<input type="checkbox"/> Schools	<input type="checkbox"/> Trailer Parks
<input type="checkbox"/> Hotels or Motels	<input type="checkbox"/> Marinas
<input type="checkbox"/> Industrial Plants	<input type="checkbox"/> Military Installations
<input type="checkbox"/> Poultry Brooders	<input type="checkbox"/> Aviation
<input type="checkbox"/> Oil Well Rigs	<input type="checkbox"/> Governmental Agencies
<input type="checkbox"/> Rental Property	<input type="checkbox"/> Bottle Fillers
<input type="checkbox"/> Other Propane Dealers	<input type="checkbox"/> Other _____
  
  - d. Bulk Delivery by Tractor/Trailer? \_\_\_YES \_\_\_NO
  - e. Do you ever transfer LP Gas from Truck to Truck? \_\_\_YES \_\_\_NO
  
5. Describe cylinder inspection procedures: \_\_\_\_\_  
\_\_\_\_\_
  
6. Do you lease, loan or rent equipment to others for the purpose of filling or exchanging tanks or cylinders? \_\_\_YES \_\_\_NO. If YES, describe employee training and perimeter protection:  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Are scales used when filling cylinders at all locations? \_\_\_YES \_\_\_NO. If NO, describe procedure used:  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Describe your "out of gas calls" procedures when no one is home.  
\_\_\_\_\_  
\_\_\_\_\_

9. Describe your procedure for checking tanks, lines and equipment of new customers; Is there a documented leak Test?

---

---

10. Do you sell Anhydrous ammonia, butane or other types of gases? \_\_\_ YES \_\_\_ NO.

If YES, list all gases and your annual receipts for each:

---

---

11. Do you have an automatic fill program? \_\_\_ YES \_\_\_ NO

If YES, what percentage of customers? \_\_\_\_\_%

12. Do you have a program to verify the condition of all customer regulators? \_\_\_ YES \_\_\_ NO.

Please describe. \_\_\_\_\_

### **B - LPG SERVICE OPERATIONS**

1. Do you install tanks? \_\_\_ YES \_\_\_ NO. If YES, are any installations below ground? \_\_\_ YES \_\_\_ NO. Do you continue to own the below ground tanks? \_\_\_ YES \_\_\_ NO. If YES, how many? \_\_\_\_\_

2. Do you sell LP Gas HVAC systems? \_\_\_ YES \_\_\_ NO

3. Do you sell/service Space Heaters? \_\_\_ YES \_\_\_ NO

Do you sell/service Water Heaters? \_\_\_ YES \_\_\_ NO

Do you do gasoline to LP conversions of vehicles? \_\_\_ YES \_\_\_ NO

4. Do you have a retail store for other LP Appliances? \_\_\_ YES \_\_\_ NO

If YES, what are the products? \_\_\_\_\_

---

---

5. Do you engage in LPG or Natural Gas conversion work? \_\_\_ YES \_\_\_ NO. If YES, how many conversions made per year? \_\_\_\_\_ If performed for others, provide estimated annual receipts: \$ \_\_\_\_\_

6. Do you participate in the "Gas Check" program? \_\_\_ YES \_\_\_ NO

If partially completed, what % completed? \_\_\_\_\_

7. Do you subscribe to a formalized training program? \_\_\_ YES \_\_\_ NO. Please describe. \_\_\_\_\_

---

---

### **C - LPG Storage**

1. Provide a list of all locations storing LP Gas in bulk. Identify the size of each tank.

---

2. Do you have a Written Emergency Plan? \_\_\_ YES \_\_\_ NO. If yes, attach.

3. Are Tanks properly grounded during loading and unloading?     \_\_\_YES \_\_\_NO
4. Are electrical switches and lighting explosion proof?         \_\_\_YES \_\_\_NO
5. Are the shut-off valves clearly visible?                         \_\_\_YES \_\_\_NO

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

---

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

8. Describe neighboring properties and approximate distance from tanks:

---

9. Are tanks completely fenced? \_\_\_YES \_\_\_NO. If NO, describe perimeter protection:

---

10. How would you characterize the neighborhood? Rural\_\_\_ Urban \_\_\_ Industrial \_\_\_ Residential \_\_\_

11. Do others load at your bulk tank? \_\_\_YES \_\_\_NO If YES, what type of training do you provide to their drivers?

---

12. Who delivers to your Bulk tank? \_\_\_\_\_

Signature \_\_\_\_\_ Postion \_\_\_\_\_ 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) \_\_\_\_\_  
Average Wage for Drivers \_\_\_\_\_
2. Where is the primary terminal 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 50 miles? \_\_\_\_YES \_\_\_\_NO If YES, describe, including maximum distance travelled and the purpose of that trip.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What products are hauled by Tractor Trailer? Gasoline \_\_\_\_\_ % Heating Oil/Diesel \_\_\_\_\_%  
Other \_\_\_\_\_%  
Describe \_\_\_\_\_
8. Do you ever transfer gasoline from Truck to Truck? \_\_\_\_YES \_\_\_\_NO
9. How many Tractor Trailer shifts do you run per day? \_\_\_\_\_

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

10. Do you use owner operators? \_\_\_\_\_ Are their tractors on your auto schedule or do you require they carry their own insurance?

\_\_\_\_\_

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

**CONVENIENCE STORES, SERVICE STATIONS, TRUCKSTOPS & OTHER RETAIL**

1. Total number of:

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

Describe other retail operations: \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

4. Do you operate LPG cylinder fill or exchange stations? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, is it fill or exchange?

\_\_\_\_\_

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

6. Open 24 hours \_\_\_ YES \_\_\_ NO. 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:

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are customer vehicles garaged overnight? \_\_\_ YES \_\_\_ NO

**CAR WASH EXPOSURE:**

1. Do any of the facilities have car wash operations? \_\_\_YES \_\_\_ NO. 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 \_\_\_\_\_