



Utica National Insurance Group

Insurance that starts with you.

Utica Mutual Insurance Company and its affiliated companies, New Hartford, N.Y. 13413



SUPPLEMENTAL QUESTIONNAIRE

Name of Insured: _____

Agent: _____

| A. COMMODITY: | ANNUAL GALLONS: | % OF TOTAL SALES |
|--|-----------------|------------------|
| Wholesale Gasoline/Diesel | _____ | _____ |
| Retail Sale of Gasoline, Kerosene, Diesel | _____ | _____ |
| Fuel Oil Retail | _____ | _____ |
| Wholesale LPG* | _____ | _____ |
| Retail LPG* | _____ | _____ |
| Bulk Lubricant | _____ | _____ |
| Other (specify) | _____ | _____ |

* If LPG product in excess of incidental LP tank filling on dealer's premises, Utica's Supplemental Propane Gas (LPG) Dealer Questionnaire 8-A-340 must be completed and submitted.

B. If incidental on premises LPG tank filling operations:

- Are LPG tanks physically separated from other buildings, fuel/gas pumps and customer parking areas? Yes No
- Are filling operations only conducted by trained personnel? Yes No
- Is risk involved in off-premises installation/delivery operations of LPG?
If answered Yes, complete LPG Dealer Supplemental Questionnaire 8-A-340. Yes No

C. If gasoline operations:

- Of total gallonage mentioned in **A.**, what percentage is for direct delivery to customer? _____%?
- Does applicant operate any gasoline/service stations/convenience ("C") stores? Yes No
If Yes, how many? _____ How many open 24 hours? _____
If Yes, complete Utica ASAP Checklist and Supplemental Questionnaire 8Q399.
- Does applicant own tanks/fuel at others' service stations or "C" stores? Yes No

D. Does applicant sell any bulk lubricants?

- If Yes, what percentage of total sales are from such products? _____%
- If Yes, any refining, blending, packaging, or re-labeling? Yes No
- If Yes, any jet lubricants sold? Yes No

E. Does applicant lease/sublease to others service stations/"C" stores?

Yes No

F. Does applicant haul/process/dispose of any waste petroleum products?

Yes No

If Yes, explain: _____

- G. 1. Does applicant or has applicant ever installed underground tanks for self or others?** Yes No
- 2. Does applicant sub out underground tank installation/removal?** Yes No

3. Has applicant removed underground tanks and discontinued this operation? Yes No
If Yes, when were operations discontinued? _____
- H. Does applicant have own above ground storage tanks? Yes No
1. How many tanks by commodity? Fuel Oil _____ Diesel _____ Gasoline _____ Kerosene _____
LPG _____ Other (specify product): _____
2. What is the capacity of the largest tank? _____
3. Who delivers or hauls the product to applicant's storage plant? _____
- I. Where is fuel initially picked up? _____ Distance: _____
- J. What is the farthest distance deliveries would normally be made? _____
- K. Is there a) a formal driver training/orientation program? Yes No
b) a formal scheduled vehicle maintenance program and records procedure? Yes No
- L. What is the delivery drivers average length of experience driving fuel delivery vehicles? _____
- M. Is there an emergency plan in place for drivers in the event of a spill? Yes No
- N. Are all the applicant's tank, truck or bobtail drivers in compliance with DOT regulations? Yes No
- O. 1. Does applicant haul any product that does not belong to them? Yes No
2. a. If Yes, percent of carry for hire to total gallons hauled: _____ %
b. If Yes, describe in detail, including the nature of product hauled:
- P. Does applicant do any direct fueling of boats and/or aircraft? Yes No
If Yes, explain:
- Q. Does applicant have a formal delivery schedule program in place to ensure its customers do not run short of fuel? Yes No
- R. Does the applicant sell and/or install heating and air conditioning systems? Yes No
- S. Does the applicant service heating and/or air conditioning systems? Yes No
- T. Outside of fuel operations, what other operations is the applicant involved in?

FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.