

AMERICAN INTERNATIONAL GROUP

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Fuel Oil Dealer Supplemental Questionnaire



AIG Global Energy-- Excess

Broker: \_\_\_\_\_

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

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

Effective Date: \_\_\_\_\_

1) Please provide a complete description of operations (Include all entities).

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

1a) How long has the insured been in business? \_\_\_\_\_

1b) How many years experience does the insured have in this field? \_\_\_\_\_

2) Breakdown of customers:

Commercial \_\_\_\_\_% Residential \_\_\_\_\_% Industrial \_\_\_\_\_%

3) List ALL the States that the Insured operates in, or has operated in, in the past.

\_\_\_\_\_

4) Does the insured have any storage tanks? \_\_\_\_\_

If yes, how many are:

Above ground: # \_\_\_\_\_ Within city limits: # \_\_\_\_\_

Below ground: # \_\_\_\_\_ Are all wells diked?: # \_\_\_\_\_

Within 1,00 feet of an occupied structure: # \_\_\_\_\_ Are all wells fenced?: # \_\_\_\_\_

4a) Does the insured manufacture, design, install, maintain or repair storage tanks for themselves or others? \_\_\_\_\_

If yes, please explain (how much work for insured vs. others).

5) Subcontractor questions:

- a. Are Certificates of Insurance obtained from all Subcontractors? \_\_\_\_\_ Yes \_\_\_\_\_ No
- b. What are the Limits required? Aggregate: \$ \_\_\_\_\_ Occurrence: \$ \_\_\_\_\_
- c. Is the following wording part of the Insured's Contract with Subcontractors?
  - i. Hold Harmless Indemnity provisions? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - ii. Provision that they must be named as an Additional Named? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Insured on Subcontractor's Primary and Excess Policies? \_\_\_\_\_ Yes \_\_\_\_\_ No
- d. What percentage of work is subbed out? \_\_\_\_\_ %
- e. What type of work is subcontracted?

6) PIPELINE INFORMATION

Does the insured have any pipelines? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Indicate total number of miles: \_\_\_\_\_

- 1. Does the pipeline supply any end users? \_\_Yes \_\_No
- 2. Does the pipeline transport only your product? \_\_Yes \_\_No
- 3. Does the pipeline run through any towns, cities or populated areas?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- 4. Indicate the length of pipeline with outside diameter greater than 4". \_\_\_\_\_
- 5. What is the diameter of the largest pipeline? \_\_\_\_\_
- 6. What is the maximum operating pressure of the pipeline system? \_\_\_\_\_
- 7. What is the maximum design pressure of the pipeline? \_\_\_\_\_
- 8. Are any pipelines above 2" of design pressure?
- 9. Are all underground pipelines going through farmland buries at least 36?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- 10. Do any pipelines cross railways or roadways, rivers or streams?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how are they protected and marked?

Check if yes

- Is there a formal Safety Program in place?
- Is there a full-time safety director employed?
- Is there a formal Fleet Maintenance Program in place? Is it subcontracted? If so, provide the limits carried by and the length of the relationship with the vendor. Also explain the document retention.

Does the Insured utilize any new technologies such as governors, collision avoidance systems, GPS,

etc.? If yes, which ones and what percentage of the fleet utilizes them.

- Does the Insured have any incentive / reward programs for safe driving? If yes, please describe the eligibility requirements and provide the number of rewards given in the last 24 months.
- Are there formal driver training and / or compliance programs in place? If yes, please explain the driving programs, enforcement procedures and company guidelines for dealing with non-compliance.
- Are logbooks regularly reviewed? If yes, please explain the procedure and interval of review. Explain the non-compliance and / or enforcement procedures for dealing with logbook violations.
- Does the Insured regularly review MVR's? Who are they reviewed by and how often are they reviewed? What violations trigger disciplinary action? What are the disciplinary actions and how many drivers have been disciplined in the past 24 months?
- Are background checks performed prior to hiring new drivers? If yes, please explain the information checked and advise the company official responsible for reviewing the information.
- Does the Insured place "How am I driving?" stickers on the trucks? If yes, how many calls has the insured received in the past 24 months as a result of this program? What was the result of the calls?

Number of Vehicles & Radius

	0 - 50 Miles	51 - 200 Miles	Over 200 Miles
Private Passenger	_____	_____	_____
Light Trucks	_____	_____	_____
Medium Trucks	_____	_____	_____
Heavy Truck/Tractors	_____	_____	_____
X-Heavy Truck/Tractors	_____	_____	_____

Commodities Hauled	Percentage
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Additional information:

What is the financial condition of the Insured? \_\_\_\_\_

Are the drivers Union or Non-Union? \_\_\_\_\_

What was the driver turnover ratio in the past 24 months?  
(If greater than 20%, please explain) \_\_\_\_\_

What is the Average age of the units? \_\_\_\_\_

Where / how does the Insured recruit the drivers? \_\_\_\_\_

What is the Historical Fleet size? \_\_\_\_\_

97-98    98-99    99-00    00-01    01-02    02-03

Thank you in advance for your cooperation! Please do not hesitate to contact me with any questions or to provide additional information / comments. I look forward to providing you with a quote as soon as possible.

\_\_\_\_\_  
Completed By

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date