



# NATIONAL INTERSTATE INSURANCE

3250 Interstate Drive, Richfield, OH 44286  
Tel: (330) 659-8900 Fax: (330) 659-8905  
www.natl.com

### A Full Submission Includes:

- National Interstate Supplemental Application (if applicable)
- Worker's Comp Supplemental Application (if applicable)
- Applicable ACORDs
- Driver list  
*Show full name, date of birth, driver license number, state of license and date of hire*
- Vehicle Schedule  
*Include age, make, model, complete VIN, stated or original cost new value, gross vehicle weight, ownership details and garaging location for each vehicle*
- MVRs  
*Motor Vehicle Reports, run within the previous 45 days, should be provided for all drivers*
- Financials (*Balance Sheet and Income Statement*)
- Safety Manual
- Narrative/Summary of Account

**Please send submissions to [energy@natl.com](mailto:energy@natl.com)**

### Coverages Requested:

- Auto Liability
  - Auto Physical Damage
  - General Liability
  - Property/Inland Marine
  - Workers' Compensation
  - Excess Liability
  - Motor Truck Cargo
- Limit: \_\_\_\_\_

### Agent Information

Agency: \_\_\_\_\_ Producer: \_\_\_\_\_

Account Manager: \_\_\_\_\_ Policy Term: \_\_\_\_\_ to: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Submitting as Incumbent?  Yes  No \* Quote Needed by: \_\_\_\_\_





Applicant Information

Business Name: \_\_\_\_\_ President: \_\_\_\_\_
Doing Business As: \_\_\_\_\_ Operations Manager: \_\_\_\_\_
Mailing Address: \_\_\_\_\_ Main Contact's Email: \_\_\_\_\_
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Loss Control: \_\_\_\_\_
Phone Number: \_\_\_\_\_ Loss Control's Email: \_\_\_\_\_
Website Address: \_\_\_\_\_ Email for Claims: \_\_\_\_\_
FEIN: \_\_\_\_\_ U.S. DOT: \_\_\_\_\_

Table with 2 columns: Additional Named Insured (if any), Relationship to First Named Insured

Years in Business: \_\_\_\_\_ years Years of Experience in LP Management: \_\_\_\_\_ years

Has there been any operational changes in past 5 years? [ ] Yes [ ] No

Do you own/operate any of the following? Owned Product [ ] Yes [ ] No

Hauling for Others Product [ ] Yes [ ] No

Operations

Are you a member of any industry association? [ ] Yes [ ] No

- [ ] NPGA
[ ] State Associations
[ ] Other

States: \_\_\_\_\_
Name of Association(s): \_\_\_\_\_

Are you involved in any non-LP related operations? [ ] Yes [ ] No

Is 100% of your operation propane? [ ] Yes [ ] No

Table with 2 columns: Type of LP Operation, %

Table with 2 columns: Radius, %

Table with 2 columns: Other Products, %

Table with 1 column: States Traveled To

**Driver Information**

Does applicant maintain driver files in full compliance with DOT regulations?  Yes  No

Do you supervise routes?  Yes  No \_\_\_\_\_

What percent of routes are subject to route supervision? \_\_\_\_\_ Type of supervision: \_\_\_\_\_

Who administers driving hiring/training? \_\_\_\_\_ Title: \_\_\_\_\_

Length of New Driver Orientation: \_\_\_\_\_

Is training required for all drivers?  Yes  No

What is the minimum required years of U.S. driving experience? \_\_\_\_\_ years

Are employees permitted to take company vehicles home at night?  Yes  No

In the past year how many drivers were:	Min. Experience/Age Information
Hired:	Miles:
Terminated:	Driver Age:
Suspended:	# Years with CDL:

Driver selection procedures include the use of: <i>(Check all that apply)</i>	<input type="checkbox"/> Written Application	<input type="checkbox"/> MVR Check	<input type="checkbox"/> Pre-Hire Physical	<input type="checkbox"/> PATs (Physical Ability Testing)
	<input type="checkbox"/> Previous Employer Checks	<input type="checkbox"/> Interview	<input type="checkbox"/> Drug Test	<input type="checkbox"/> Written Test
New driver hire orientation includes: <i>(Check all that apply)</i>	<input type="checkbox"/> PSP (Pre-Employment Screening Program)	<input type="checkbox"/> Other	<input type="checkbox"/> Road Test	
	<input type="checkbox"/> Familiarization with equipment	<input type="checkbox"/> Other		
	<input type="checkbox"/> Familiarization with company rules	<input type="checkbox"/> Training in handling commodities		
	<input type="checkbox"/> Ride along with experienced driver	<input type="checkbox"/> Familiarization with routes		
	<input type="checkbox"/> Procedures for accident reporting			

Are driver files updated at least annually with information including new MVRs?  Yes  No

Does entity have a formal, written Return to Work program?  Yes  No

How are driver's hours of service monitored? \_\_\_\_\_

Does entity have a written progressive discipline policy?  Yes  No

Identify the percentage of vehicles that are equipped with the following:

Visible & audible alarms	Engine Monitoring	Eyewash Solution	Fender Spot	Battery Disconnect	Fire Extinguishers	GPS	Rearview Camera	Automated Event Recorders	Spill Kits

**Owner/Operator Information**

Does the entity utilize owner/operators?  Yes  No How many? \_\_\_\_\_

Minimum Auto Liability limits to be maintained by owner/operators: \_\_\_\_\_

Are certificates of insurance kept on file as evidence of the owner/operator's limits of liability? \_\_\_\_\_

Is the owner/operator required to name you as an Additional Insured? \_\_\_\_\_

**Maintenance Program - please attach copy if available**

Is there a written maintenance program?  Yes  No

Total number of mechanics: \_\_\_\_\_

Name of Maintenance Manager: \_\_\_\_\_ Yrs. with co. \_\_\_\_\_ Yrs. in maint. \_\_\_\_\_

Maintenance program is provided for:	<input type="checkbox"/> Company Vehicles	<input type="checkbox"/> Vehicles (Owned by Others)	<input type="checkbox"/> Both
Vehicle Maintenance is:	<input type="checkbox"/> Internal	<input type="checkbox"/> External (body)	<input type="checkbox"/> Controlled Inspection Reports
Which of the following do you have?	<input type="checkbox"/> Parts Dept.	<input type="checkbox"/> Body Shop	
Pre and post trip inspections are made:	<input type="checkbox"/> Every trip	<input type="checkbox"/> Daily	<input type="checkbox"/> Other <input type="checkbox"/> Service Bays
How often are vehicles serviced?	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> As Needed

Are brakes inspected pre-trip?  Yes  No

How long are maintenance records retained?  0-1 year  1-2 years  2-5 years  5-10 years  10+ years

What is your vehicle replacement policy?  1-2 years  2-5 years  5-10 years  10+ years  As Needed

Do you use retreads?  Yes  No

*If you do not have your own maintenance/repair facility, please describe your maintenance program:*

\_\_\_\_\_

\_\_\_\_\_

Is there a refueling station onsite?  Yes  No

Do you have underground storage tanks (UST)?  Yes  No

Please provide the following UST insurance policy information:

Policy #: \_\_\_\_\_ Ins. Carrier: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Do you have above ground storage tanks (AST)?  Yes  No

How many? \_\_\_\_\_

Are AST's guarded by concrete-filled protective posts? \_\_\_\_\_

Does total capacity of all AST's that are greater than 55 gallons exceed 1,320 gallons? \_\_\_\_\_

Is there secondary containment? \_\_\_\_\_

Is the capacity of secondary containment at least equal to a 25-year, 24-hour rainfall? \_\_\_\_\_

**Safety** - please attach copy of your written safety program

Name of Safety Director: \_\_\_\_\_

Yrs. w/co: \_\_\_\_\_

Yrs. in safety: \_\_\_\_\_

Percentage of time spent on safety: \_\_\_\_\_

Are there written safety policies and procedures?  Yes  No

Please Explain:

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

Do you comply with all DOT, OSHA, EPA & other regulations?  Yes  No

Do you have a safety award program?  Yes  No

Do you inspect all tanks before filling?  Yes  No

How often are safety meetings held?                      *Please Select*

Are safety meetings mandatory?  Yes  No

Do you refuse to fill severely pitted tanks or others not meeting DOT/ICC inspection standards?  Yes  No

Do you participate in NPGA "Gas Checks?"  Yes  No

If warning labels, sleeves, etc are damaged or illegible, do you refuse to fill or replace before filling?  Yes  No

What percent of your customers are automatic fill? \_\_\_\_\_

Does the account fill portable propane tanks?  Yes  No

Is the fill area separate from the bulk storage area with separate access  Yes  No

Are customers allowed to fill their own tanks?  Yes  No

Is there a retail store at the bulk storage area?  Yes  No

Does the account have signs clearly stating "No Trespassing" on site?  Yes  No

Are both customers and account employees required to show ID before entering the bulk storage area?  Yes  No

Does the account have a written emergency response plan? Has the emergency training been done with local authorities?  Yes  No

Is all distributed gas odorized?  Yes  No

Has the account trained their employees in emergency response, including shut-down procedures per NFPA Standards?  Yes  No

Is test leak documented?  Yes  No

**Safety - Continued**

Do you have a formal "out of gas" policy?  Yes  No

Please Explain: \_\_\_\_\_

If your customer is out of gas, how often do you do the following?:

<i>Require an adult home</i>	<i>Light / Document Pilot Light</i>	<i>Complete/Document Leak Test</i>
_____	_____	_____

Do you have a "duty-to-warn" policy?  Yes  No

What percent of your customers are pre-inspected? \_\_\_\_\_

Do you require staff to perform documented customer leak test?  Yes  No

Explain: \_\_\_\_\_

Does the location have either of the following (please circle all that apply):

<i>Industrial type six-foot fence with lock</i>	<i>Areas that can be locked to prevent unauthorized access to the bulk storage area?</i>	<i>Other (please explain):</i> _____
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Do you sell or install heating or air conditioning systems?  Yes  No

Explain: \_\_\_\_\_

Do you service or repair the following:	<i>Space Heaters</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Water Heaters</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Gas Grills</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Other LPG Appliances</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sell or rent the following:	<i>Space Heaters</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Water Heaters</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Gas Grills</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Other LPG Appliances</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you maintain an accident register?  Yes  No

Do you conduct periodic accident analysis?  Yes  No

Do you allow use of mobile communication devices, such as cell phones, while driving?  Yes  No

Is the Smith System method of defensive driving utilized?  Yes  No

**General Liability**

Do you work on miscellaneous equipment that is not owned by the entity?  Yes  No

Do you lease property or mobile equipment to others?  Yes  No

Do you sell any product(s) either wholesale or resale?  Yes  No

Please Explain: \_\_\_\_\_

Bulk Storage Locations			
Location	Number of Tanks	Age of Tanks	Total Capacity
1			
2			
3			

**Insurance Questions**

Has your insurance been cancelled or non-renewed in last 5 years for non-payment or loss history? (Not applicable in State of MO)  Yes  No

Has your operating authority ever been suspended or revoked?  Yes  No

Do you currently haul noxious, caustic, toxic, flammable, or explosive commodities?  Yes  No  
 If no, have you in the past 5 years? \_\_\_\_\_

Has this entity, or any other entity under common ownership, filed for bankruptcy in the last 5 years?  Yes  No

	Employee Information			Vehicles Used				
	Drivers	Drivers	Employees	# of Tractors	# of X-Heavy	# of Heavy	# of Medium	# of Light
Current Policy								
Previous Policy								
2nd Previous								
3rd Previous								
4th Previous								

Current Insurance	Premium	Deductible	Carrier	Limits
Auto Liability				
Auto Physical Damage				
General Liability				
Excess Liability				
Property/Inland Marine				
Workers' Compensation				

Current UM/UIM	Limits per person	Limits per Accident
Private Pass.		
Light/Service		
Heavy/X Heavy		

If requesting Hired/Non-Owned coverage, how many days per year do you rent units? \_\_\_\_\_ days

Do you currently purchase Environmental Liability insurance?  Yes  No If so, with whom? \_\_\_\_\_

A copy of the Declarations page and schedule(s) of included endorsements from any policy that provides environmental liability coverage

## Insurance Fraud Warnings

### **ALABAMA**

Any person that knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

### **ARKANSAS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **CALIFORNIA**

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **COLORADO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **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 addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

### **FLORIDA**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### **ILLINOIS**

In the State of Illinois, the Religious Freedom Protection and Civil Union Act became effective June 1, 2011. Our policies of insurance comply with this Act, which provides that two persons of the same or opposite sex who form a civil union are entitled to the same benefits and protections provided to spouses.

### **KENTUCKY**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

### **LOUISIANA**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **MAINE**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

### **MARYLAND**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **NEW JERSEY**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

### **NEW MEXICO**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.



**NEW YORK**

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false incomplete or misleading information is guilty of a felony.

**PENNSYLVANIA**

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

**RHODE ISLAND**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE**

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.

**VIRGINIA**

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.

**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.

**WEST VIRGINIA**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### Applicant's Statement: Important - Read Before Signing

I, the undersigned applicant (Applicant), hereby apply for a policy of insurance as set forth in this Application on the basis of information and statements contained in the Application, all supporting and supplementary documents, and this Applicant's Statement. The supporting and supplementary documents and this Applicant's Statement are incorporated into and a part of the Application. The Application, all supporting and supplementary documents, and this Applicant's Statement shall be referred to below as the Application Materials. If a policy is issued, the Application Materials shall be deemed to be attached to and part of the policy.

**Applicant understands and acknowledges the following:**

That Insurers receipt and consideration of the Application Materials, by National Interstate and its subsidiaries (Insurer) does not obligate Insurer to provide a quotation for insurance to Applicant.

That any quotations provided will be issued subject to underwriting approval, and will not constitute an offer by the Insurer to insure at the quoted rates or prices unless and until such approval has been issued.

That coverage can be bound only by Insurer's authorized representative.

That if the initial premium is paid with a check, the coverage provided by the policy is conditioned upon the check being honored when presented for payment, and that if the check is not honored, the policy shall be deemed void from inception due to a lack of consideration.

Applicant declares that it has carefully reviewed the information and statements made in the Application Materials and that such information and statements are true and correct. Applicant agrees that any policy of insurance that may be issued now or in the future will be issued in reliance on the information, statements, warranties, and representations contained therein, and that the policy and renewals thereof may be declared null and void by Insurer if the Application Materials, or future statements or documents provided by or on behalf of Applicant, contain information that is incomplete, false, or misleading.

If Applicant applies for a commercial auto policy that is not rated based on mileage, payroll, or other measure of exposure, Applicant warrants and represents that all vehicles owned by, leased to, or used by the Applicant have been disclosed in the Application Materials or otherwise disclosed in writing to Insurer, regardless of whether Applicant intends to schedule such vehicles on the policy issued by Insurer. If Applicant applies for a commercial auto policy that is exposure rated, Applicant warrants and represents that all mileage, payroll, or other measure of exposure relating to Applicant's operations have been disclosed in the Application Materials or otherwise disclosed in writing to insurer for all applicable periods of time.

Applicant understands that an inquiry may be made that will provide applicable information concerning general reputation, financial stability and other pertinent financial data, credit history, driving experience, vehicle usage, and other information considered by insurer in deciding to issue a policy, in determining the rates therefore, and in adjusting claims. Applicant authorizes insurer to obtain such reports in connection with this policy and all renewals thereof. If Insurer obtains such reports, Insurer will provide information required by law to Applicant.

Any person, who knowingly and with intent to defraud any insurance company or other person, files and Application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Information provided in this Supplemental Application may be used by National Interstate Insurance Company, including any of its subsidiaries and affiliates, or third-party vendors in order to provide loss control services.

**Applicant**

\_\_\_\_\_  
Signature of Officer / Manager or Named Insured

\_\_\_\_\_  
Full name & Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

**Producer**

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date