



THE MATTEI COMPANIES

Wholesale Distributors Supplemental Application

Today's Date

Date Quote Needed

Applicant Website Address

1 List other named insureds and their Federal Employer Identification Number (FEIN)

Other Named Insured

FEIN

Other Named Insured

FEIN

2 List all business owners, principals and officers and indicate their title

Name

Title

3 List expiring premium and current carrier by line of business

Exp Premium

Current Carrier

Exp Premium

Current Carrier

a Property

b General Liability

c Auto Liability

d Auto Phys Damage

e Crime

f Inland Marine

g Umbrella

h

4 List annual revenue for the past five years

Last Year

2nd Year Prior

3rd Year Prior

4th Year Prior

5th Year Prior

5 If the applicant has been in business less than three full years, describe applicant's prior work history in the same industry

6 Describe any material changes in the applicant's operations during the past five years

7 Describe or attach any hold harmless, risk transfer or other contractual agreements entered into by the applicant

8 Has the applicant assumed liability under a lease agreement for real estate? If Yes,

a Is there a written waiver of subrogation?

b Are maintenance responsibilities delineated?

9 Has the applicant assumed liability of others under any of the following?

a Lease agreements for signs/equipment?

b Contracts for electric power, steam, etc?

c Sidetrack agreements?

d Easement agreements?

10 Does the applicant employ subcontractors? If Yes,

a Describe the work performed or provide a copy of the subcontractor's agreement

b Does the applicant require the subcontractor to provide certificates of insurance?

c What are the minimum requirements?

d Describe the procedures used to monitor the timely receipt of certificates of insurance

11 Does the applicant have any storage tanks or refueling facilities on premises?

a What do the tanks contain?

b How many tanks are there?

c What is the tank capacity?

Gal

d When were the tanks installed?

Year

e Are the tanks above or below ground?

	f	How are the tanks protected from vehicular collision?							
12	How are waste oils, lubricants, waste chemicals and by-products and other hazardous compounds stored or disposed of?								
13	If the public is allowed on applicant's premises, describe the applicant's visitor policy								
14	Does the applicant own, hire or lease any watercraft or aircraft?								
Property									
1	Describe the applicant's contingency plan in case of power interruption or mechanical breakdown								
2	Does the applicant use refrigerated trucks to transport goods?								
	a	What is the farthest one-way distance a refrigerated truck would travel?							mi
	b	Do the trucks have alarms to warn the driver of temperature fluctuations?							
3	Complete for each building								
	Premises #	Building #	Roof Construction	Building Height	Premises #	Building #	Roof Construction	Building Height	
				Ft.				Ft.	
				Ft.				Ft.	
				Ft.				Ft.	
				Ft.				Ft.	
				Ft.				Ft.	
General Liability									
1	List all products or types of products distributed by the applicant or attach catalogue, price sheet or spreadsheet								
2	Does the applicant manufacture, process, package or repackage any products?								
	a	List products sold under the applicant's own label that it manufactures or alters							
	b	List products sold under the applicant's own label that it repackages							
	c	List the suppliers of products the applicant distributes							
	d	List the suppliers of products the applicant repackages and sells under applicant's own label							
3	Does the applicant manufacture or process a component part of another product? If Yes,								
	a	Describe the product or products it might become part of							
	b	Can these products be identified through markings, records and documentation?							

4	Describe all products directly imported by the applicant and list the country of origin			
	Imported Product	Country of Origin	Imported Product	Country of Origin

5 Does any one supplier represent 20% or more of the applicant's total sales?
a If Yes, list the supplier(s)

6 Is the applicant listed as an additional insured on the manufacturer's liability policy for the products the applicant:
a Distributes?
b Repackages and sells under applicant's own label?

7 Does the applicant recondition used goods to sell?

8 Describe or attach the applicant's written recall procedure

9 If the applicant has ever had to initiate the recall procedure for its own or a supplier's product, explain

10 If the applicant performs any repairs or warranty work on the products it distributes, describe the work performed.

11 Does the applicant advertise its products, goods or services? If Yes,
a What media are used?
b Does the applicant use an advertising agency and/or outside web designer?

12 Has an owner, partner or executive officer incurred a claim for Liquor Liability in the past five years?
a If Yes, describe the circumstances including date of incident, date of claim, amount paid and status (open/closed)

13 List all events sponsored by the applicant during the year

Name of Event & Event Location	Date	Type of Event	Type of sponsorship provided by applicant	Estimated Attendance	Is the applicant held harmless?	Does applicant purchase a Special Events Policy?	Does applicant dispense alcohol?	Other

14 Does the applicant sponsor any auto or watercraft racing teams?
If Yes, explain

Automobile

1 What is the applicant's DOT or MC number?

2 Does the applicant service its own vehicles? If Yes, answer a-d below; If No, answer e-g

If Yes:
a Describe types and frequency of vehicle maintenance work performed

	b	How many mechanics does the applicant employ?			
	c	How long are maintenance reports retained:	Pre-trip?		Post-trip?
	d	If less than 100% percent of maintenance work is performed by the applicant, respond to questions e-g below			
	If No:				
	e	Who performs the vehicle maintenance work?			
	f	Describe types and frequency of vehicle maintenance work performed			
	g	How long are maintenance reports retained:	Pre-trip?		Post-trip?
3	Does the applicant provide any auto or equipment repair service to others? If Yes,				
	a	To whom?			
	b	Describe types and frequency of vehicle maintenance work performed			
	c	How long are maintenance reports retained:	Pre-trip?		Post-trip?
	d	What is the annual revenue derived from work performed on vehicles for others?			
4	How frequently are brakes serviced?				
5	If any of the vehicles are laid up on a regular basis during the year, describe vehicles, circumstances and frequency/duration				
6	Does the driver selection process include:				
	Written application		Reference checks (including most recent employer)		
	Drug testing		Road test		
	Physical exam		Polygraph test		
	Other (describe)		Other (describe)		
7	Is there a requirement for prior experience driving the same vehicle type?				
	a	If Yes, what % of new drivers have more than 3 years experience driving the same vehicle type?			
	b	If No, what % of new drivers have no experience with the same vehicle type?			
8	Does driver indoctrination include:				
	Review of company rules and policies		Daily vehicle inspection procedures		
	Equipment familiarization		Training for handling certain commodities		
	Route familiarization		Accident reporting procedures		
	Name of safety manager		Phone number of safety manager		
	Ride along with experienced driver		If yes, how long is a ride along required?		
	Other (describe)		Other (describe)		
9	How often does the applicant obtain updated MVRs?				
10	What are the applicant's standards for an acceptable MVR?				
11	Does the applicant obtain MVRs for all employees?				
	a	If No, list the position titles of those for whom MVRs are not ordered			
12	Driver Turnover				
	a	How many of the drivers have been with the applicant more than two years?			
	b	How many drivers have been hired within the past 12 months?			
	c	What is the average length of employment for drivers?			Yrs
13	Does the applicant employ a safety manager? If Yes,				
	a	If the safety manager is part-time, indicate % of time allocated to safety duties			
	b	Describe other assigned duties			
14	Does the applicant hold safety meetings? If Yes,				
	a	How frequently?			

	b	Is attendance mandatory? If No, explain:			
	c	Are safety meeting notes documented in written form? If No, explain:			
15	Indicate the types of safe driving incentives/devices utilized by the applicant:				
	Safety awards		Speed governors		
	"How's My Driving?" bumper stickers		Trip recording (tachographs, on-board computers, etc)		
	Fuel conservation bonuses		Other (describe)		
	Other (describe)		Other (describe)		
16	What is the applicant's policy on the use of cellular phones while operating company vehicles?				
17	Describe the applicant's accident review procedure				
	a	Are accidents recorded so repeaters can be easily identified?			
	b	Describe the disciplinary policy for drivers involved in serious or multiple accidents or violations			
	c	Does the applicant keep a camera in each vehicle to photograph accident scenes?			
18	Does the applicant back haul for others? If Yes,				
	a	What commodities does the applicant back haul?			
	b	What percentage of hauls are back hauled?			
	c	What is the applicant's total annual revenue from back hauling?			
	d	On what basis is the applicant paid?			
19	Does the applicant rent or lease vehicles from others without operators? If Yes,				
	a	From whom are they leased?			
	b	How frequently?		c	For how long?
	d	Provide copy of agreement			
	e	Indicate on the vehicle schedule which vehicles are rented/leased			
	f	If the applicant is required to name the lessor on its policy, indicate required limits			
	g	Does the lessor require proof of coverage from the applicant?			
20	Does the applicant rent or lease vehicles from others with operators?				
	Name of Subcontract Hauler/Owner-Operator		Cost of hire	Operate under Long Term Contract?	If No, How Often are They Used?
					Operate under Permit of Applicant?

