

PETROLEUM PRODUCTS TRANSPORTATION QUESTIONNAIRE



6 ROYAL & SUN ALLIANCE INSURANCE COMPANY OF CANADA

4 THE WESTERN ASSURANCE COMPANY

3 QUEBEC ASSURANCE COMPANY

Name of Insured: _____ Policy No.: _____

Agent: _____ Location: _____

Vehicle: Year: _____ Make: _____ Serial No.: _____

Licence to Transport No. (where required by Gasoline Handling Act): _____

A. EQUIPMENT

YES NO

1. Do you own the tank, meter, pumps, machinery and apparatus? YES NO

If no, please note owner's name and address _____

2. Do you require Collision, Comprehensive or Specified Perils on YES NO

truck? YES NO

tank and other equipment? YES NO

If yes, specify _____

(a) Truck: - List price new \$ _____

(b) Tank: - Amount of insurance \$ _____

3. Is the tank a pressure vessel? YES NO

4. Is the vehicle equipped with fire extinguishers? YES NO

If yes, indicate type and size _____

5. Indicate number of tank compartments _____ Are compartments baffled? YES NO

6. Tank compartments separated by YES NO

Single bulkheads Double bulkheads

Tank rating or designation? _____

7. Is the tank equipped with: (a) dual pump, hose and meter? YES NO

(b) emergency shut-off valve at the bottom of each compartment? YES NO

8. Tanks are grounded during loading or delivery through:

ground spike tank to tank bonded hoses

Other - Specify: _____

B. PRODUCTS

1. Indicate type of petroleum products transported

(1) Propane Gas (3) Fuel Oil (5) Diesel Fuel

(2) Gasoline (4) Stove Oil (6) Condensate

Other - Specify: _____

Please indicate P.I.N. product numbers: _____

2. Are mixed loads carried? YES NO

If yes, what products? _____

3. Do you switch load? YES NO

C. Indicate radius of operation: _____ km

Emergency Response Plan? Yes No Please attach.

Tank inspection frequency programme? Yes No Please attach.

Date: _____ Signature _____