

**PROPANE  
SUPPLEMENTAL APPLICATION**

**NAMED INSURED:** \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** \_\_\_\_\_

1. Provide LP gallons sold by customer type and number of customers:

<b>Customer Type</b>	<b>LP Gallons</b>	<b># Customers</b>
Retail – sold to personal end users		
Retail – sold to commercial end users		
Wholesale – sold to other dealers or distributors		
Cylinder/Delivery Exchange		
Drop Shipped – picked up from non-owned terminal and delivered direct to wholesaler		
Brokerage – paper transaction only – no physical possession of product		

2. From the retail commercial end users and cylinder/delivery exchange above give a breakdown on gallons sold to type of end user:

<b>Customer Type</b>	<b>Retail Comm. End Users LP Gallons</b>	<b>Cylinder Delivery Exchange LP Gallons</b>
Schools/Daycare		
Hospitals/Nursing Homes		
Hotels/Motels		
Oil/Gas Rigs		
Other _____		

3. Do you sell anhydrous ammonia, butane, or other gases (i.e. welding, medical, etc.) ?  Yes  No

If yes, complete the following:

<b>Describe Type of Gas</b>	<b>Gallons</b>	<b># Customers</b>

4. Check applicable operations. Also yes or no if you have a certificate of insurance, additional insured status, or a contractual hold harmless from the manufacturer in your favor. List amount of receipts.

HVAC Systems:	Sell	Install	Service	Do you have a certificate of insurance from the mfg. for general liability/auto with at least \$1,000,000 limits?	Do the certificates of insurance show you as an additional insured on their policy?	Do you have a contractual hold harmless in your favor?
Gas BBQ Grills:				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wood/Coal Stoves:				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spas/Hot Tubs?				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Pools:				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Welding Gasses/Equip.:				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Gases/Equip.:				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appliance Type:				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (describe):						
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are not sure, we can help review your information to determine the answers.  
 If coverage is written, we will do a review of the documentation.

5. Do you rent out Salamanders or other types of heaters?  Yes  No

If yes, annual receipts: \_\_\_\_\_

a. Do you use a written agreement (rental contract)?  Yes  No

If yes, please attach copy.

6. Do you do any carbon monoxide tests for anyone other than your LP customers?  Yes  No

If yes, describe: \_\_\_\_\_

7. How are your customers set up?

Automatic Fill	%
Will Call	%
What percentage customers are out of gas (out of gas is defined as no pressure remaining in system)?	%

8. List location(s) of all bottle filling locations that you operate. Attach addendum if needed.


a. Are bottles filled by weight?  Yes  No

If no, explain: \_\_\_\_\_  
 \_\_\_\_\_

9. List names/locations of any bottle filling operations operated by others where you supply gas, dispensing equipment or cylinders. Attach addendum if needed.

Name	Location	Do you have a certificate of insurance from the mfg. for general liability/auto with at least \$1,000,000 limits?	Do the certificates of insurance show you as an additional insured on their policy?	Do you have a contractual hold harmless in your favor?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are not sure, we can help you review your information to determine the answers.  
 If coverage is written, we will do a review of the documentation.

10. Do you require your staff to do documented leak tests?

Yes  No

If yes, complete the following:

Type of situation/customer	Yes	No
Out of gas customers		
Change in tenant customers		
Service work customers		
New customers		
Other:		

a. If we write your insurance, we will do an extensive review of your customer files. In your estimation what percentage of these files will contain documented evidence that a leak test has been conducted? \_\_\_\_\_

b. Have you attached a copy of any standard form used to document leak tests?  Yes  No

11. When servicing a customer who is out of gas (no pressure remaining in the system: what percentage of the time do you:

- Require that someone be at home      %
- Do (and document) a leak test        %
- Light (and document) pilot lights     %

12. Do you document that you have given all of your customers information that instructs them on propane safety?  Yes  No

If yes, please attach copy of these customer safety instructions,

13. Do you have a program in place to identify and replace regulators that are 15 years and older?  Yes  No

If yes, describe: \_\_\_\_\_

**NOTE: THIS ENTIRE FORM MUST BE COMPLETED PRIOR TO QUOTING. WE DO NOT ACCEPT APPLICATIONS THAT ARE NOT SIGNED AND DATED.**

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

Propane Supp App 1/01/2004

