

**Propane Gas Distributors Insurance Program  
General Liability for Propane Distributors Application**



**APPLICANT INFORMATION**

Legal Name of Insured: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Years of management experience: \_\_\_\_\_

State(s) Insured operates in: \_\_\_\_\_

Is the Insured a member of any industry associations?  Yes  No  
If yes, please list the association: \_\_\_\_\_

Does the Insured have for-hire operating authority with FMCSA?  Yes  No  
If yes, what is the name of the entity registered for-hire: \_\_\_\_\_

Does the Insured haul for others?  Yes  No Are any units operated long haul or interstate?  Yes  No

If the Insured hauls for others:  
What commodities do they haul for others? \_\_\_\_\_  
What are their annual gross receipts from hauling for others? \_\_\_\_\_  
Number of units used to haul goods for others: Power Units \_\_\_\_\_ Trailers \_\_\_\_\_

Are Owner-Operators used?  Yes  No  
Number of Owner-Operators \_\_\_\_\_  
Describe your standards for selection of Owner-Operators (e.g. road test, vehicle inspection, MVRs): \_\_\_\_\_

(Please attached a sample copy of the owner-operator agreement that you use)

**FUEL SALES**

**Type of Customer**

1. PROPANE Retail - sold to end users (residential)
2. PROPANE Commercial - sold to commercial end users including agriculture
3. PROPANE Wholesale - sold to other dealers or distributors for resale
4. Bottle Fill/Cylinder Exchange
5. Drop Shipped-picked up from non-owned terminal & delivered direct to customer
6. Brokerage-paper transaction only-no physical possession of product
7. KEROSENE / FUEL OIL
8. Other (describe): \_\_\_\_\_

| CLASS | GALLONS | SALES | # OF CUSTOMERS |          |
|-------|---------|-------|----------------|----------|
|       |         |       | WILL CALL      | AUTOFILL |
| 13410 |         | \$    | #              | #        |
| 13410 |         | \$    | #              | #        |
| 13412 |         | \$    | #              | #        |
| 13410 |         | \$    | #              | #        |
| 13410 |         | \$    | #              | #        |
| 13412 |         | \$    | #              | #        |
| 13205 |         | \$    | #              | #        |

**SALE OF EQUIPMENT**

1. Storage Tanks \$ \_\_\_\_\_
2. HVAC \$ \_\_\_\_\_
3. Water Heaters \$ \_\_\_\_\_
4. Space Heaters \$ \_\_\_\_\_
5. Gas Grills \$ \_\_\_\_\_
6. Other Appliances \$ \_\_\_\_\_

**RECEIPTS FROM INSTALLATION, SERVICE OR REPAIR**

- |                     | By Insured       | By Contractor  |
|---------------------|------------------|----------------|
| 1. Storage Tanks    | \$ _____ payroll | \$ _____ cost* |
| 2. HVAC             | \$ _____ payroll | \$ _____ cost* |
| 3. Water Heaters    | \$ _____ payroll | \$ _____ cost* |
| 4. Space Heaters    | \$ _____ payroll | \$ _____ cost* |
| 5. Gas Grills       | \$ _____ payroll | \$ _____ cost* |
| 6. Other Appliances | \$ _____ payroll | \$ _____ cost* |

\*If done by a contractor, is a current certificate of insurance with limits of at least \$1M always on file?  Yes  No

**RENTAL RECEIPTS**

Total: \$ \_\_\_\_\_  
Describe items rented: \_\_\_\_\_

**RECEIPTS FROM CYLINDER REQUALIFICATION**

Total: \$ \_\_\_\_\_  
Does the Insured inspect all cylinders prior to refilling per DOT?  Yes  No

**OTHER SALES**

Total: \$ \_\_\_\_\_

Describe any other sales from operations in detail:

*If other types of gases or welding supplies, complete WELDING DISTRIBUTORPRO Welding Supplement*

**SERVICE**

- 1. What percentage of customers are out of fuel at time of visit? \_\_\_\_\_%
- 2. When the customer is out of gas with no pressure remaining in the system, what percentage of time do you:
  - Require that an adult be present? \_\_\_\_\_%
  - Complete and document a leak test? \_\_\_\_\_%
  - Light the pilot lights and document this lighting? \_\_\_\_\_%
- 3. Does Insured always check regulators and replace if needed?  Yes  No
- 4. Does Insured provide literature concerning propane safety on a regular basis?  Yes  No
- 5. Describe company standards for communication:

**GENERAL**

- 1. Does Insured comply with all DHS, DOT, OSHA, EPA, and other regulatory requirements?  Yes  No
- 2. Are scales used to fill cylinders at all locations?  Yes  No
- 3. Do you backhaul and products you do not own?  Yes  No  
Please describe nature of product and amount:
- 4. Does Insured communicate with customer via a 'yellow tag' to notify tank has been filled?  Yes  No
- 5. Any distribution done to locations by pipeline?  Yes  No
- 6. Describe the level of experience and training of installation personnel:

**SALES TO DISTRIBUTORS**

- 1. Does the Insured provide gas, dispensing equipment, or cylinders to any cylinder filling operations that are owned or operated by others?  Yes  No  
If yes, how many? \_\_\_\_\_
- 2. Do you have a written contract with these cylinder filling operations?  Yes  No
- 3. Do you have a certificate of insurance from these cylinder filling operations for at least \$1M CSL for GL and AL?  Yes  No
- 4. Do you provide training to these operations?  Yes  No  
If yes, please provide nature and frequency of this training:

**ITEMS NEEDED PRIOR TO QUOTING**

- 1. ACORD Applications
- 2. Propane Gas Distributors Supplemental App (this document)
- 3. 5 years of currently valued loss runs
- 4. Date of last Fire Safety Analysis completed at any facility > 4,000 gallons: \_\_\_\_\_  
Local Fire/Emergency contact: \_\_\_\_\_
- 5. Date of Homeland Security form STQ completed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing App

\_\_\_\_\_  
Print Name

Date Completed: \_\_\_\_\_

**Amwins Program Underwriters  
Propane Gas Distributors Insurance Program**

|   |   |
|---|---|
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