

**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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