

## PROPANE SUPPLEMENTAL APPLICATION

Named Insured \_\_\_\_\_

Agent \_\_\_\_\_

Proposed Effective Date \_\_\_\_\_

### 1. GENERAL INFORMATION

List all named insureds, identify ownership, years in business under this name, and describe operations. (If more than 3, attach addendum)

a) Name \_\_\_\_\_ Who owns? \_\_\_\_\_

What year did you acquire or start this business? \_\_\_\_\_

Operations \_\_\_\_\_

\_\_\_\_\_

b) Name \_\_\_\_\_ Who owns? \_\_\_\_\_

What year did you acquire or start this business? \_\_\_\_\_

Operations \_\_\_\_\_

\_\_\_\_\_

c) Name \_\_\_\_\_ Who owns? \_\_\_\_\_

What year did you acquire or start this business? \_\_\_\_\_

Operations \_\_\_\_\_

\_\_\_\_\_

2. List any propane associations to which you belong: \_\_\_\_\_

\_\_\_\_\_

3. Provide LP gallons sold and number of customers:

a) Residential Customers	Gallons	_____	# of Customers	_____
Cylinder Delivery/Exchange	Gallons	_____	# of Customers	_____
Commercial/Industrial	Gallons	_____	# of Customers	_____
Wholesale (gas sold to other dealers)	Gallons	_____	# of Customers	_____

b) For the total gallons from both your Cylinder Delivery/Exchange and Commercial/Industrial operations, please identify the percentage from each type of customer:

Schools/Daycare	_____	%
Hospitals/Nursing Homes	_____	%
Hotels/Motels	_____	%
Oil/Gas Rigs	_____	%
Street Vendors (i.e. hot dog carts, etc.)	_____	%
Retail Stores	_____	%
Restaurants	_____	%
Other (please describe)	_____	

4. Do you sell anhydrous ammonia, butane, gasoline or other gases? \_\_\_\_\_

Type \_\_\_\_\_ Amount \_\_\_\_\_

Type \_\_\_\_\_ Amount \_\_\_\_\_

Type \_\_\_\_\_ Amount \_\_\_\_\_

a) If you sell gasoline, do you own or operate any retail gas stations or convenience stores? \_\_\_\_\_

5. Do others conduct any operations on your premises? \_\_\_\_\_

If yes, identify which premises and describe those operations (if more than 3, attach an addendum):

Premises \_\_\_\_\_ Operations \_\_\_\_\_

Premises \_\_\_\_\_ Operations \_\_\_\_\_

Premises \_\_\_\_\_ Operations \_\_\_\_\_

6. Do you hire contractors to perform any kind of work for you (i.e. installation, service, repair, pipelines, etc.)? \_\_\_\_\_

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

a) Do you get a certificate of insurance (COI) from these contractors with occurrence limits of \$1MM or greater? \_\_\_\_\_

b) Do you have a written agreement (contract) with **ALL** of these contractors? \_\_\_\_\_

If yes, in the contract do **ALL** of these contractors hold you harmless from their losses Or damages from their work? (If you are not sure, we can help you review your contracts to determine.) \_\_\_\_\_

7. Operations: Check applicable operations. Also yes (Y) or no (N) if you have a contractual hold harmless from the manufacturer in your favor, and/or a certificate of insurance (COI) from the manufacturer. List amount of receipts. If you are not sure if you have a hold harmless from the manufacturer, we can help you review your contracts to determine:

HVAC Systems: Sell \_\_\_\_\_ Install \_\_\_\_\_ Service \_\_\_\_\_ Hold Harmless from Mfg. \_\_\_\_\_ COI from Mfg. \_\_\_\_\_ Receipts \$ \_\_\_\_\_

Gas BBQ Grills: Sell \_\_\_\_\_ Install \_\_\_\_\_ Service \_\_\_\_\_ Hold Harmless from Mfg. \_\_\_\_\_ COI from Mfg. \_\_\_\_\_ Receipts \$ \_\_\_\_\_

Wood/Coal Stoves Sell \_\_\_\_\_ Install \_\_\_\_\_ Service \_\_\_\_\_ Hold Harmless from Mfg. \_\_\_\_\_ COI from Mfg. \_\_\_\_\_ Receipts \$ \_\_\_\_\_

Spas/Hot Tubs Sell \_\_\_\_\_ Install \_\_\_\_\_ Service \_\_\_\_\_ Hold Harmless from Mfg. \_\_\_\_\_ COI from Mfg. \_\_\_\_\_ Receipts \$ \_\_\_\_\_

Swimming Pools Sell \_\_\_\_\_ Install \_\_\_\_\_ Service \_\_\_\_\_ Hold Harmless from Mfg. \_\_\_\_\_ COI from Mfg. \_\_\_\_\_ Receipts \$ \_\_\_\_\_

Welding Gases/Equip. Sell \_\_\_\_\_ Install \_\_\_\_\_ Service \_\_\_\_\_ Hold Harmless from Mfg. \_\_\_\_\_ COI from Mfg. \_\_\_\_\_ Receipts \$ \_\_\_\_\_

Auto Parts/Repair Sell \_\_\_\_\_ Install \_\_\_\_\_ Service \_\_\_\_\_ Hold Harmless from Mfg. \_\_\_\_\_ COI from Mfg. \_\_\_\_\_ Receipts \$ \_\_\_\_\_

Appliances -Type Sell \_\_\_\_\_ Install \_\_\_\_\_ Service \_\_\_\_\_ Hold Harmless from Mfg. \_\_\_\_\_ COI from Mfg. \_\_\_\_\_ Receipts \$ \_\_\_\_\_

Other (describe): \_\_\_\_\_

Sell \_\_\_\_\_ Install \_\_\_\_\_ Service \_\_\_\_\_ Hold Harmless From Mfg. \_\_\_\_\_ COI from Mfg. \_\_\_\_\_ Receipts \$ \_\_\_\_\_

8. Do you do any trucking or hauling of property of others? \_\_\_\_\_

If yes, what are receipts: \_\_\_\_\_ Radius in miles of operation \_\_\_\_\_

Describe Operation: \_\_\_\_\_

How are drivers paid? Hourly \_\_\_\_\_ Per Trip \_\_\_\_\_ Other \_\_\_\_\_

9. Do you use independent owner/operators for any kind of transport? \_\_\_\_\_

If yes, give number and describe operation: \_\_\_\_\_

10. Do you rent out Salamanders or other types of heaters? \_\_\_\_\_

If yes, receipts \$ \_\_\_\_\_

Who do you rent these heaters to? General Public \_\_\_\_\_ Contractors \_\_\_\_\_

Other (describe): \_\_\_\_\_

Do you use a written agreement (rental contract)? \_\_\_\_\_

**If yes, please attach a copy of the rental agreement used.**

11. Do you do any carbon monoxide tests for anyone other than your LP customers? \_\_\_\_\_

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

12. Do you do any other type of operation, or work, or have ownership interest in anything not mentioned in the previous questions? \_\_\_\_\_

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

13. Is there any type of operation, product sales, etc. not described above that you used to do (discontinued)? \_\_\_\_\_

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

Also, if yes, do you have any separate insurance coverage for these discontinued products or operations? \_\_\_\_\_

If yes, what is the limit of liability? \_\_\_\_\_

14. Are your customers set up on:

Automatic Fill \_\_\_\_\_ %

Will Call \_\_\_\_\_ %

What percentage customers are out of gas \_\_\_\_\_ %  
(out of gas is defined as no pressure remaining in system)

15. List location(s) of all bottle filling locations that you operate. If more than six, attach addendum.

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Are bottles filled by weight? \_\_\_\_\_

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

16. Do you supply gas, dispensing equipment or cylinders to bottle filling locations that are owned or operated by others? \_\_\_\_\_

If yes, please list name and location. If more than three, attach addendum.

Name \_\_\_\_\_

Location \_\_\_\_\_

Name \_\_\_\_\_

Location \_\_\_\_\_

Name \_\_\_\_\_

Location \_\_\_\_\_

a) Do you have contracts with these operations? \_\_\_\_\_

Do you have a certificate of insurance (COI) from each of these locations? \_\_\_\_\_

Do you provide any training to these operations? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

17. Do you require your staff to do documented customer leak tests? \_\_\_\_\_

If yes, when or in what situations? \_\_\_\_\_

a) If Ranger writes 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) Do you have a standard form used to document leak tests? \_\_\_\_\_  
**If yes, please attach a copy of this form**

18. When a customer is out of gas (no pressure remaining in the system), how often or what percentage of the time do you:

Require that someone be at home? \_\_\_\_\_ %

Do and document a leak test? \_\_\_\_\_ %

Light (and document) the pilot lights? \_\_\_\_\_ %

19. Do you document that you have given your customers information that instructs them on propane safety? \_\_\_\_\_  
**If yes, please attach a copy of these customer instructions**

20. Do you have a program to identify and replace regulators that are 15 years and older? \_\_\_\_\_

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

21. Employee Information

a) Please provide number of employees in each category:

Service \_\_\_\_\_ Bobtail Drivers \_\_\_\_\_

Cylinder Delivery Drivers \_\_\_\_\_ Transport Drivers \_\_\_\_\_

Outside Sales \_\_\_\_\_ Mechanics \_\_\_\_\_

Clerical \_\_\_\_\_ Manager \_\_\_\_\_

Other (please describe) \_\_\_\_\_

b) Do you check MVR's prior to hiring staff who will drive company vehicles? \_\_\_\_\_

If yes, describe your standards for what is an acceptable driving record: \_\_\_\_\_

c) Do you have a drug testing program for employees? \_\_\_\_\_

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

d) Do you have any staff that does not meet your acceptable driving standard described above? \_\_\_\_\_

If yes, who \_\_\_\_\_

e) Describe any training and continuing education programs for new and existing employees:

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f) Are all employees covered by worker's compensation insurance? \_\_\_\_\_

g) Are there any leased employees? \_\_\_\_\_

If yes, how many and describe  
duties: \_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_

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

Title: \_\_\_\_\_