

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.

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 Fairmont Specialty Group 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:

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: _____