



# PROPANE GAS DISTRIBUTORS

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An additional information section is provided at the end of this document for any information that exceeds the space provided.

## GENERAL INFORMATION

Proposed First Named Insured And Other Named Insureds: \_\_\_\_\_

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

Proposed Expiration Date: \_\_\_\_\_

1. Are you a member of NPGA, State or Regional Propane Association?  Yes  No

*If yes, which ones?* \_\_\_\_\_

2. How many years of experience in the propane business? \_\_\_\_\_

3. Have you been in business at least 3 years under the current operations?  Yes  No

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

4. List the states you currently operate in: \_\_\_\_\_

## PROPANE OPERATIONS

5. For the total gallons from both your cylinder delivery/exchange and customer/industrial operations, what are the percentages for each type of customer?

Schools/Daycare \_\_\_\_\_%    Hospital/Nursing Homes \_\_\_\_\_%    Greenhouses \_\_\_\_\_%    Farms \_\_\_\_\_%

Hotels/Motels \_\_\_\_\_%    Oil/Gas Rigs \_\_\_\_\_%    Street Vendors \_\_\_\_\_%    Retail Stores \_\_\_\_\_%

Restaurants \_\_\_\_\_%    Railroad \_\_\_\_\_%

Others \_\_\_\_\_%    *Describe:* \_\_\_\_\_

6. Number of residential customers? \_\_\_\_\_    Commercial customers? \_\_\_\_\_

7. If you fill customer owned tanks do you inspect the tank and regulator prior to filling the first time and periodically thereafter?  Yes  No

8. Who is your propane supplier? \_\_\_\_\_

9. Do you sell any other types of gases other than propane?  Yes  No

*If yes, what other types of gases do you sell and what is the estimated gallons or sales of these gases?*

\_\_\_\_\_  
\_\_\_\_\_

10. Do you own or operate any retail gas stations or convenience stores?  Yes  No

11. Do you convert vehicles to operate using LPG as a motor fuel?  Yes  No

*If yes, number of annual conversions:* \_\_\_\_\_    *Receipts:* \$ \_\_\_\_\_

12. Do you hire contractors to perform work (installation, service, repair, pipelines)?  Yes  No

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

a. Do you obtain certificates of insurance from these contractors with occurrence limits of \$1,000,000 or greater?

Yes  No

b. Do you have written agreements (contracts) with all of these contractors?  Yes  No

13. Do you provide gas, dispensing equipment, or cylinders to bottle filling operations that are owned or operated by others?  Yes  No

List the names & locations of each of these bottle fillers: \_\_\_\_\_

a. Do you have written contracts with these bottle filling operators?  Yes  No

i. Do you have a certificate of insurance from each of these operators?  Yes  No

*If yes, do you require them to have a \$1,000,000 in general liability limits?*  Yes  No

ii. Do you provide training to these operators?  Yes  No

*If yes, describe (e.g. type of training, documentation methods, student validation process):* \_\_\_\_\_

14. Are scales used to fill cylinders at ALL your or your customers' bottlefill locations?  Yes  No

15. Do you work on or modify tanks? (e. g. welding, repairing, installing)  Yes  No

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

16. Do you provide re-certification on any tanks?  Yes  No

a. Do your methods include external visual inspection, internal hydro-expansion test and external hydrostatic expansion test?  Yes  No

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

b. DOT/PHMSA Re-certification Identification Number-RIN (if applicable) \_\_\_\_\_

17. Is installation of any CSST or Thermoplastic piping done according to manufacturers' specifications?  Yes  No

18. Do you deliver to underground propane tanks?  Yes  No

*If yes, describe design, installation, monitoring, and repair of the utility systems. Also describe the procedures for verification of corrosion protection for underground tanks and piping including tests (leak test), equipment installed (cathodic protection, impressed current, resistance systems) and documentation methods utilized:*

a. Is there a process in place for reporting propane incidents on community and/or jurisdictional systems?  Yes  No

## OTHER OPERATIONS

19. Do you sell heating or air conditioning systems?  Yes  No

*If yes, receipts: \$* \_\_\_\_\_

20. Do you service or repair?

Space Heaters  Yes  No    Water Heaters  Yes  No    Gas Grills  Yes  No

Other LPG Appliances  Yes  No    Anything else \_\_\_\_\_

21. Do you sell or rent?

Space Heaters  Yes  No    Water Heaters  Yes  No    Gas Grills  Yes  No

Other LPG Appliances  Yes  No    Anything else \_\_\_\_\_

22. Do you own/conduct any operations not described elsewhere in this application?  Yes  No

If yes, explain: \_\_\_\_\_

## MOTOR CARRIER FILINGS INFORMATION

23. Do you carry any state or federal motor carrier filings?  Yes  No

If \$5 million is required, provide the following information or send a copy of the declarations page:

Name of Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Limit: \$ \_\_\_\_\_

## RISK MANAGEMENT AND SAFETY INFORMATION

### SAFETY PRACTICES

24. Is there a written safety program in place?  Yes  No

If yes, describe how program is communicated to employees: \_\_\_\_\_  
\_\_\_\_\_

25. Do you participate in NPGA "Gas Check"?  Yes  No

If no, describe your program for LPG system review: \_\_\_\_\_

26. Describe your new customer policy: \_\_\_\_\_  
\_\_\_\_\_

27. Describe your "I smell gas" or customer report of odor policy: \_\_\_\_\_  
\_\_\_\_\_

28. Describe your out of gas policy: \_\_\_\_\_  
\_\_\_\_\_

29. When your customer is out of gas and there is no pressure remaining in the system, how often or what percent of the time do you do the following:

Require that an adult be at home \_\_\_\_\_ %

Light and document the pilot lights \_\_\_\_\_ %

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

30. Describe your program to verify odorant in gas when purchased and when loaded for delivery: \_\_\_\_\_  
\_\_\_\_\_

31. Describe your program to verify the condition and age of all customer regulators: \_\_\_\_\_  
\_\_\_\_\_

32. Do you have an active regulator replacement program?  Yes  No

33. Describe the formal written policy for documenting all service calls: \_\_\_\_\_  
\_\_\_\_\_

34. Do you have a written disaster recovery plan?  Yes  No

35. Does the plan include contingencies for failure to deliver product?  Yes  No

36. Is each employee trained in plant emergency procedures in the event of fires or leaks?  Yes  No

37. Do you require staff to perform documented customer leak test?  Yes  No

a. If yes, when or in what situations: \_\_\_\_\_

b. Do you use a standard form used to document leak tests?  Yes  No

If yes, please attach a copy of the form.

38. Do you comply with all DOT, OSHA, EPA and other regulatory requirements?  Yes  No

39. Do you inspect all tanks before filling?  Yes  No

40. Do you refuse to fill severely pitted tanks or others not meeting DOT/ICC inspection standards? (e.g. improper valves, corrosion, obvious leaks, dents, bulging, fire damage)  Yes  No

41. If warning labels, sleeves, etc. are damaged or illegible do you refuse to fill or replace them before filling?  
 Yes  No

42. Do you use a "Yellow Tag" or similar system to notify the customer that the tank has been filled?  Yes  No

43. Do you provide customers with safety information by mail at least once a year and document the mailing?  
 Yes  No  
If yes, what time of the year is the mailing? \_\_\_\_\_

44. Do your delivery tickets have safety information printed on them?  Yes  No

45. Percentage of your customers set up on: Automatic Fill: \_\_\_\_\_% Will Call: \_\_\_\_\_%  
a. Describe the methodology you use to monitor customer's fuel level to determine when fuel should be delivered:  
 "Degree day" tracking system  Automated fuel level sensors  Other - Describe: \_\_\_\_\_

46. Describe your training program for new employees. \_\_\_\_\_  
\_\_\_\_\_

47. Do you utilize any standards provided by the NPGA, PERC, CETP or equivalent?  Yes  No

48. Describe your program for existing employee continuing education: \_\_\_\_\_  
\_\_\_\_\_

49. NPGA/OPS require that a Fire Safety Analysis (FSA) is conducted at facilities with greater than 4,000 gallons water capacity.  
a. Has an FSA been completed at this location? Date: \_\_\_\_\_  
b. Has the FSA been shared with local emergency response/fire department?  Yes  No  
c. Local fire/emergency contact: \_\_\_\_\_

50. Department of Homeland Security (DHS) requires that there is a facility screening (STQ) when greater than 14,285 gallons are stored (60,000 pounds).  
a. Department of Homeland Security (DHS) forms (STQ) completed? Date: \_\_\_\_\_

#### EMPLOYEE INFORMATION

51. Provide the number of employees in each category:

Service _____	Bobtail Drivers _____	Managers _____
Clerical _____	Outside Sales _____	Cylinder Delivery Drivers _____
Mechanics _____	Custodial/Maintenance _____	Transport Drivers _____
Other, describe: _____		

#### AUTOMOBILE INFORMATION

52. How many weekly trips over 50 miles? \_\_\_\_\_

53. Do you operate over a 200 mile radius?  Yes  No

54. Do you haul any product that you do not own?  Yes  No  
 If yes, what percentage: \_\_\_\_\_% and type of product: \_\_\_\_\_  
 a. What is the radius of miles in hauling operation for other products that you do not own? \_\_\_\_\_

55. Average annual turnover rate of your employees? \_\_\_\_\_%  
 a. Driver turnover: Less than 10% \_\_\_\_\_ 10% - 35% \_\_\_\_\_ 35% - 50% \_\_\_\_\_ 50% + \_\_\_\_\_

56. Do you employ any drivers under the age of 21?  Yes  No  
 If yes, how many? \_\_\_\_\_

57. Do you employ any drivers over the age of 65?  Yes  No  
 If yes, how many? \_\_\_\_\_  
**Note: The above age related questions are not applicable for insureds located in Pennsylvania.**

58. How are drivers paid?  Hourly  Per Trip  Salary

60. Do you check MVRs annually thereafter?  Yes  No

61. Describe your standards for what is an acceptable driving record: \_\_\_\_\_  
 \_\_\_\_\_

62. Do you have a drug testing program for drivers?  Yes  No

**WORKERS COMPENSATION INFORMATION**

63. Premium and payroll history:

Year	Premium	Total Annual Payroll	Experience Modification
Current	\$	\$	
1st Prior	\$	\$	
2nd Prior	\$	\$	
3rd Prior	\$	\$	

64. Company operations:  
 a. Number of employees Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
 b. Employer provided group medical?  Yes  No Percentage of employees enrolled: \_\_\_\_\_ %  
 c. Is a designated medical provider used for work related injuries?  Yes  No  
 d. Is a medical provider network currently being used?  Yes  No  
 e. Is there a "return to work" program in place?  Yes  No  
 f. Has there been any corporate ownership change within the past 4 years?  Yes  No  
 If yes, provide details: \_\_\_\_\_

65. Safety and training:  
 a. Do you comply with NFP Standard 58?  Yes  No  
 b. Do you comply with additional state requirements?  Yes  No  
 c. Do you provide CTEP certification and continuing education for your employees?  Yes  No  
 If yes, how often? \_\_\_\_\_  
 d. What percentages of your employees are CTEP certified?  
 Drivers: \_\_\_\_\_ % Installers: \_\_\_\_\_ % Management: \_\_\_\_\_ %

66. Is personal protective equipment (PPE) provided to and used by your employees?  Yes  No

67. Is all machinery and equipment properly guarded?  Yes  No

68. Are employees provided formal training on use of machinery and equipment?  Yes  No

69. Have all employees been trained in proper lifting techniques?  Yes  No  
(Ref. OSHA Std 1910.176 Handling Materials-General)

70. Do you review MVR's annually for all drivers?  Yes  No

71. Are all drivers 'CDL with hazardous materials' certified?  Yes  No

72. Do you have a formal accident / injury investigation procedure?  Yes  No

73. Do you hold employee safety meetings?  Yes  No  
If yes, how often? \_\_\_\_\_

**GENERAL LIABILITY RATING INFORMATION**

74. Premium and payroll history:

Class Code	Description	Exposure Base Annual Projections
13410	Gas Dealer - LPG / Residential	Gallons:
		Sales: \$
13412	Gas Distributors - LPG / Commercial	Gallons:
		Sales: \$
13411	Gas Dealer or Distributors / Wholesale	Gallons:
		Sales: \$
95648	Heating or combined heating and air conditioning systems or equipment - dealers or distributors and installation, servicing or repair.	Gallons:
		Sales: \$
10042	Stores - No food or drink - Other than Not-For-Profit Sales: \$13205 Fuel Oil or Kerosene Distributors / Residential	Gallons:
		Sales: \$
13204	Fuel Oil or Kerosene Dealers / Commercial	Gallons:
		Sales: \$
Other		Gallons:
		Sales: \$

**PROPERTY INFORMATION**

75. Storage facilities: Location # \_\_\_\_\_

Address	Tank Size	Tank Contents	Above Ground	Under Ground	Fenced	Dyked

*Describe any impact protection such as posts, other barriers as required by International Fire Code section 312.*

Describe surrounding exposures and distances:

NORTH:

SOUTH:

EAST:

WEST:

Storage facilities: Location # \_\_\_\_\_

Address	Tank Size	Tank Contents	Above Ground	Under Ground	Fenced	Dyked

*Describe any impact protection such as posts, other barriers as required by International Fire Code section 312.*

Describe surrounding exposures and distances:

NORTH:

SOUTH:

EAST:

WEST:

Storage facilities: Location # \_\_\_\_\_

Address	Tank Size	Tank Contents	Above Ground	Under Ground	Fenced	Dyked

*Describe any impact protection such as posts, other barriers as required by International Fire Code section 312.*

Describe surrounding exposures and distances:

NORTH:

SOUTH:

EAST:

WEST:

**PROPERTY INFORMATION**

75b. Storage facilities: Location # \_\_\_\_\_

Address	Tank Size	Tank Contents	Above Ground	Under Ground	Fenced	Dyked

*Describe any impact protection such as posts, other barriers as required by International Fire Code section 312.*

Describe surrounding exposures and distances:

**NORTH:**

**SOUTH:**

**EAST:**

**WEST:**

Storage facilities: Location # \_\_\_\_\_

Address	Tank Size	Tank Contents	Above Ground	Under Ground	Fenced	Dyked

*Describe any impact protection such as posts, other barriers as required by International Fire Code section 312.*

Describe surrounding exposures and distances:

**NORTH:**

**SOUTH:**

**EAST:**

**WEST:**

Storage facilities: Location # \_\_\_\_\_

Address	Tank Size	Tank Contents	Above Ground	Under Ground	Fenced	Dyked

*Describe any impact protection such as posts, other barriers as required by International Fire Code section 312.*

Describe surrounding exposures and distances:

**NORTH:**

**SOUTH:**

**EAST:**

**WEST:**



## SIGNATURES

Producer information only required in Florida, Iowa, and New Hampshire.

<b>Authorized Representative Signature*:</b> x	<b>Authorized Representative Name - Printed</b>	<b>Date (mm/dd/yyyy):</b>
<b>Producer Signature*:</b> x	<b>State Producer License No (required in FL):</b>	<b>Date (mm/dd/yyyy):</b>
<b>Agency:</b>	<b>Agency Contact:</b>	<b>Agency Phone Number:</b>

## ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number