



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 \$ _____

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 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

