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SUPPLEMENTAL QUESTIONNAIRE

GENERAL INFORMATION:

FIRST NAMED INSURED (include any other Named Insureds on Acord 125 including insurable interest):

Business Entity Type: ☐Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietor ☐ Other (describe):

In which State(s) do you provide propane deliveries and services?

Website:

US DOT# (SAFER review):

Provide start date of your current operation (MM/YY)

Have you filed for Bankruptcy, Chapter 7, 11, or 13 within the last 5 years?

How many years has the current management been in place? _____ years

How many years of hands-on propane industry experience does current management have? _____ years

Do you own and/or operate any other business entities, subsidiaries, joint ventures, or partnerships? ☐YES ☐ NO

- If Yes, explain:

Have there been any acquisitions of and/or mergers with another entity within the past 5 years? ☐YES ☐ NO

- If Yes, explain and provide MM/YY:

Have you had any discontinued operations or services within the past 5 years? ☐YES ☐ NO

SAFETY/RISK MANAGEMENT

Check all policies and procedures that apply to your operation:

- ☐ Member of the National Propane Gas Association (NPGA), State or Regional Association
- ☐ Formalized, written, and implemented new customer policy
- ☐ Formalized, written, and implemented procedure for documenting all service calls
- ☐ Provide printed customer safety information on delivery tickets
- ☐ Provide subsequent printed customer safety information by mail or email at least annually
- ☐ Leave a 'yellow tag' and/or 'red tag' at customer premises when required or similar system
- ☐ Follow PERC 'Gas Check' or similar guidelines
- ☐ All customers have a documented pressure/leak test on file
- ☐ Formalized, written, and implemented employee safety program/handbook
- ☐ Formalized and documented procedure for investigating all accidents and incidents
- ☐ All employees trained in plant emergency procedures
- ☐ Inspect all tanks/cylinders prior to filling
- ☐ Refuse to fill severely pitted tanks/cylinders not meeting DOT/ICC inspection standards
- ☐ Verify condition/age of tanks/cylinders prior to replacing a regulator
- ☐ Verify odorant (ethyl mercaptan) is present when propane is purchased/loaded for delivery

Provide response to the following:

If the technician is unable to perform the pressure/leak test, do they lock out and place the appropriate warning tags on the system to prevent the customer from turning on the gas? ☐YES ☐ NO

When a customer is out of gas, do you require technicians to:

- Confirm a person 18 years or older be at home ☐YES ☐ NO
- Light and document the pilot lights ☐YES ☐ NO
- Perform and document a pressure/leak test ☐YES ☐ NO

Do you perform cylinder recertification/requalification services using any other method than external visual? ☐YES ☐ NO

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Identify the percentage of employees that are CETP certified:
Drivers _____ % Technicians/Installers _____ % Mechanics/Fleet Maintenance _____ %
Is CETP recertification training required at least every 3 years? ☐ YES ☐ NO
How often do you conduct employee safety meetings? ☐ Weekly ☐ Monthly ☐ Semi-Annual ☐ Annually

CUSTOMER PROFILE

Total number of customers: _____ Customer split - Residential _____ % Commercial _____ %
Customers fill arrangement split: Automatic Fill _____ % Will Call _____ %
Percentage of customers with a signed Automatic Fill agreement? _____ %
Total Annual Gallons sold: _____ Total Annual Sales revenue: $ _____

OPERATIONS/ELIGIBILITY

Do you have any past, current, or planned work including sell, deliver, distribute, install, exchange, repair, and/or service work that involves any of the following operations? Check all that apply:

- ☐ Gasoline, diesel, medical gases of any kind, oxygen, anhydrous ammonia, natural gas, methanol, ethanol, hydrogen or any other gases or fuels (other than propane, fuel oil, or kerosene)
- ☐ #20 pre-filled propane cylinders directly to any residential customer locations
- ☐ Propane tanks or cylinders to forklift operations, RV parks and/or campgrounds
- ☐ Municipalities, school districts, metro/public transportation, or other similar customers for self-vehicle gas filling (Autogas services)
- ☐ Community and/or jurisdictional systems
- ☐ Schools/Daycares, Hospitals/Nursing Homes, Rental properties
- ☐ Remove underground fuel oil storage tanks
- ☐ Modify, remanufacture, refurbish, recertify, or requalify any tanks or cylinders using any of the following methods: welding, spray painting, volumetric expansion method, proof pressure method or other methods
- ☐ Welding related supplies
- ☐ Vehicle fuel tank conversions (e.g. gasoline/diesel to propane power) on customers' vehicles
- ☐ Haul any product that you do not own
- ☐ Utilize common or contract carriers
- ☐ Utilize drivers for hire and/or seasonal temporary drivers
- ☐ Drop Shipping (3rd party arrangements/no possession)
- ☐ Fuel terminal/throughput facilities for third parties
- ☐ Convenience store(s)
- ☐ Gasoline station(s)
- ☐ Carwash(es)
- ☐ Rent any equipment to others
- ☐ Bulk propane and/or dispensing equipment to bottle filling operations owned/operated by others
- ☐ #20 pre-filled propane cylinders to dedicated storage cage locations for customer cylinder exchange
  - ☐ Obtain certificates of insurance from all bottle fill/cylinder cage exchange operations with minimum occurrence limits of $1,000,000
  - ☐ Indemnification agreement in your favor (additional insured/hold-harmless)
  - ☐ Training provided to these bottle filling and cylinder cage exchange operations

Subcontracted work:

- ☐ Percentage subcontracted _____ %
- ☐ Type of work subcontracted: _____
- ☐ Obtain certificates of insurance from all subcontractors with minimum occurrence limits of $1,000,000
- ☐ Indemnification agreement in your favor (additional insured/hold-harmless)

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OPERATION EXPOSURE INFORMATION

CLASS CODE / DESCRIPTION	EXPOSURE BASIS
13410 Gas Dealers – LPG (Retail) Combined Residential & Commercial	GALLONS:
13412 Gas Distributors – LPG (Wholesale: Dealer to Dealer / Paperless Transactions*) ***NOTE: Provide list of entity names, location address, and tenure of arrangement**	GALLONS:
95648 Heating Or Combined Heating And Air Conditioning Systems Or Equipment - Dealers Or Distributors And Installation, Servicing Or Repair - NOC	PAYROLL: $
10042 Appliance Stores - Household Type	SALES: $
13204 Fuel Oil or Kerosene Dealers (Retail) Residential & Commercial	GALLONS:
13205 Fuel Oil or Kerosene Distributors (Wholesale) Dealer to Dealer* ***NOTE: Provide list of entity names, location address, and tenure of arrangement**	GALLONS:
95647 Heating Or Combined Heating And Air Conditioning Systems Or Equipment - Dealers Or Distributors And Installation, Servicing Or Repair - No Liquefied Petroleum Gas (LPG) Equipment Sales Or Work	PAYROLL: $
OTHER CLASSIFICATION CODES/EXPOSURES NOT LISTED:	

AUTOMOBILE

Check all that apply:

☐ Written Hazmat Fleet security plan (HM232)
☐ Formal written driver safety policy
☐ Drug/alcohol testing program
☐ MVR (Motor Vehicle Record) verification program
☐ Formal written Vehicle Maintenance Program
☐ Telematics/Cameras/GPS systems/DMS systems
☐ Fleet Manager on staff
☐ Pre-trip/post-trip inspections
☐ CDL licensed drivers for vehicles >26,001 GVW
☐ Filings (State/Federal) – Provide Type:

Provide responses to the following:

What is your Radius of Operation?

☐ 0-50 miles ____% ☐ 51-200 miles ____% ☐ 201-500 miles ____%

Do values on Auto Acord application include the value for all permanently mounted equipment (e.g., bulk tanks, lifts, cranes, etc.) ☐ YES ☐ NO

Is the driving of PPTs limited to the owners/senior management staff? ☐ YES ☐ NO ☐ N/A

Do any family members have access to/use of PPT's? ☐ YES ☐ NO ☐ N/A

If Yes, explain: (names, DOB & License # / State)

Are any company vehicles driven for personal use? ☐ YES ☐ NO

If Yes, explain:

Do any employees use their personal vehicle for work? ☐ YES ☐ NO How many?

Are all vehicles registered in the company name? ☐ YES ☐ NO

Do you hire any drivers under the age of 21? ☐ YES ☐ NO

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Provide number of propane delivery vehicles and trailers in your fleet:

Vehicle / Trailer Type	Number of Units
Bobtails: 3499 WG or less	
Bobtails: 3500 WG or more	
Truck/Tractors/Transporters: < 45,000 GCW	
Truck/Tractors/Transporters: = / > 45,000 GCW	
Bulk Propane Transporter Trailers: > 5000 WG	

PROPERTY

Check all that apply:

- ☐ Entire premises protected by exterior perimeter fencing
- ☐ Bulk storage tanks protected by its own fencing and/or bollards
- ☐ Exterior emergency shut-off devices at tank storage locations
- ☐ Safety signage (danger, no smoking, no open flames, etc.) at each tank storage location
- ☐ All fuels and flammable liquids stored in compliance with NFPA 30 (Flammable and Combustible Liquids Code)
- ☐ Exterior lighting used during non-operating hours
- ☐ Video surveillance protection always used
- ☐ Central fire and/or burglary alarm in place
- ☐ All locations meet local building, fire, and life safety codes
- ☐ ABC fire extinguishers located throughout the premises and annually inspected/tagged
- ☐ Aluminum, or knob and tube, or fuse type electrical wiring systems

PROVIDE COPIES OF EACH ITEM BELOW:

- Hazardous Materials Fleet Security Plan (Rule HM232) - Include pages and/or Table of Contents pertaining to: Personnel Security, En Route Security, and Unauthorized Access Security
- Customer Automatic Fill Agreement
- Customer Leak/Pressure Test/Out of Gas Form
- Customer Safety Literature (duty to warn, yellow/red tags, out of service tag, delivery ticket, etc.)
- Customer Agreements and Location Schedules for the following (if applicable to your operation):
  - Bottle Fill Customers
  - Cylinder Cage Exchange Customers
  - Sub-contractor agreement
  - Rental contracts
- Most recent financial statement
- Workers Compensation Experience Modification Rating Worksheet (if applicable)

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WORKERS COMPENSATION

Check all the apply:

- ☐ Drivers and technicians CETP certified
- ☐ Propane trucks equipped with automated hose reels
- ☐ Machinery and equipment guarded
- ☐ Formal training in use of machinery and equipment
- ☐ Trained in proper lifting techniques
- ☐ Return to work and/or light duty program
- ☐ Participation in Medical Provider Network (MPN)
- ☐ Own / operate any aircraft
- ☐ Own / operate any watercraft
- ☐ Foreign travel by employees / owners

GENERAL INFORMATION

Do you obtain written employee applications? ☐ YES ☐ NO

What is your total number of employees including drivers? _____

What is your annual employee turnover percentage? _____ %

Is there any interchange of labor? ☐ YES ☐ NO

Explain if yes: ☐ Another business ☐ Subsidiary ☐ Business Department ☐ Other: _____

Is there any temporary/employee leasing? ☐ YES ☐ NO

Are owners active in daily operations? ☐ YES ☐ NO If yes, are they excluded from coverage? ☐ YES ☐ NO

BENEFITS

Do you provide a Group medical plan? ☐ YES ☐ NO

If yes: Percentage of employees enrolled? _____ % Percentage paid by employee? _____ %

Do you provide paid sick leave? ☐ YES ☐ NO Do you provide paid vacation? ☐ YES ☐ NO

SAFETY/RISK MANAGEMENT

What type of PPE (personal protective equipment) is used by employees?

☐ Ice cleats ☐ Steel toed boots ☐ Non-Slip shoes ☐ Gloves ☐ Goggles ☐ Back Belts ☐ Masks

☐ Protective clothing ☐ Hard Hats ☐ Other: _____

Is there any height work performed? ☐ YES ☐ NO If Yes, provide the following information:

- Maximum Height in Feet: _____
- What is used for height work: ☐ Ladders ☐ Scaffolding ☐ Lifts ☐ Other: _____
- Describe the type of Fall Protection used: _____

Does employee training include the following:

- Supervised on-the-job training: ☐ YES ☐ NO
- Written assessments of capabilities: ☐ YES ☐ NO
- Initial and refresher training: ☐ YES ☐ NO

Is there an active injury and illness prevention program? ☐ YES ☐ NO

Is there a Heat illness prevention program? ☐ YES ☐ NO

CLAIMS REPORTING AND INVESTIGATION

Are corrective actions taken and safety measures implemented following injuries? ☐ YES ☐ NO

Are supervisors held accountable for injuries/accidents? ☐ YES ☐ NO

PRIOR PAYROLL AND PREMIUM INFORMATION

	Total Annual Payroll:	Premium $:
Current Year:		
Prior Year:		
Prior Year:		
Prior Year:		
Prior Year:		

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FRAUD STATEMENTS

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject the person to criminal and civil penalties. **Applicable in AL, AR, DC, LA, NM, RI and WV:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Applicable in CA:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. **Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. **Applicable in FL:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act. **Applicable in KY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. **Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **Applicable to MD:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **Applicable in OH:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **Applicable in OK:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Applicable in OR:** Notice to Oregon applicants: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, commits a fraudulent insurance act which may be a crime and may subject such person to criminal and civil penalties. **Applicable in PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Applicable in VT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. **Applicable in NY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

The signing of this application does not bind the undersigned to purchase the insurance and acceptingthis application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, noticeof such change, will be reported in writing to the Insurer immediately. The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THE APPLICATION AND FRAUD WARNINGS.

I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that I may be inspected by the Insurance Company at any time.

Applicant/Print Name: _____ Title: _____

Signature: _____ Date: _____

Name and Address of Producing Agency: _____

Signature of Producing Agent: _____ License #: _____ Date: _____