

**PropanePro Insurance Program  
General Liability for Propane Distributors Application**



**APPLICANT INFORMATION**

Legal Name of Insured: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Years of management experience: \_\_\_\_\_

State(s) Insured operates in: \_\_\_\_\_

Is the Insured a member of any industry associations?  Yes  No

If yes, please list the association: \_\_\_\_\_

**FUEL SALES**

**Type of Customer**

1. PROPANE Retail - sold to end users (residential)
2. PROPANE Commercial - sold to commercial end users including agriculture
3. PROPANE Wholesale - sold to other dealers or distributors for resale
4. Bottle Fill/Cylinder Exchange
5. Drop Shipped-picked up from non-owned terminal & delivered direct to customer
6. Brokerage-paper transaction only-no physical possession of product
7. KEROSENE / FUEL OIL
8. Other (describe): \_\_\_\_\_

CLASS	GALLONS	SALES	# OF CUSTOMERS	
			WILL CALL	AUTOFILL
13410		\$	#	#
13410		\$	#	#
13412		\$	#	#
13410		\$	#	#
13410		\$	#	#
13412		\$	#	#
13205		\$	#	#

**SALE OF EQUIPMENT**

1. Storage Tanks \$ \_\_\_\_\_
2. HVAC \$ \_\_\_\_\_
3. Water Heaters \$ \_\_\_\_\_
4. Space Heaters \$ \_\_\_\_\_
5. Gas Grills \$ \_\_\_\_\_
6. Other Appliances \$ \_\_\_\_\_

**RECEIPTS FROM INSTALLATION, SERVICE OR REPAIR**

- |                     | By Insured       | By Contractor  |
|---------------------|------------------|----------------|
| 1. Storage Tanks    | \$ _____ payroll | \$ _____ cost* |
| 2. HVAC             | \$ _____ payroll | \$ _____ cost* |
| 3. Water Heaters    | \$ _____ payroll | \$ _____ cost* |
| 4. Space Heaters    | \$ _____ payroll | \$ _____ cost* |
| 5. Gas Grills       | \$ _____ payroll | \$ _____ cost* |
| 6. Other Appliances | \$ _____ payroll | \$ _____ cost* |

\*If done by a contractor, is a current certificate of insurance with limits of at least \$1M always on file?  Yes  No

**RENTAL RECEIPTS**

Total: \$ \_\_\_\_\_

Describe items rented: \_\_\_\_\_

**RECEIPTS FROM CYLINDER REQUALIFICATION**

Total: \$ \_\_\_\_\_

Does the Insured inspect all cylinders prior to refilling per DOT?  Yes  No

**OTHER SALES**

Total: \$ \_\_\_\_\_

Describe any other sales from operations in detail: \_\_\_\_\_

*If other types of gases or welding supplies, complete WELDING DISTRIBUTORPRO Welding Supplement*

**SERVICE**

1. What percentage of customers are out of fuel at time of visit? \_\_\_\_\_%
2. When the customer is out of gas with no pressure remaining in the system, what percentage of time do you:
  - Require that an adult be present? \_\_\_\_\_%
  - Complete and document a leak test? \_\_\_\_\_%
  - Light the pilot lights and document this lighting? \_\_\_\_\_%
3. Does Insured always check regulators and replace if needed?  Yes  No
4. Does Insured provide literature concerning propane safety on a regular basis?  Yes  No
5. Describe company standards for communication: \_\_\_\_\_

**GENERAL**

1. Does Insured comply with all DHS, DOT, OSHA, EPA, and other regulatory requirements?  Yes  No
2. Are scales used to fill cylinders at all locations?  Yes  No
3. Do you backhaul and products you do not own?  Yes  No  
Please describe nature of product and amount:
4. Does Insured communicate with customer via a 'yellow tag' to notify tank has been filled?  Yes  No
5. Any distribution done to locations by pipeline?  Yes  No
6. Describe the level of experience and training of installation personnel:

**SALES TO DISTRIBUTORS**

1. Does the Insured provide gas, dispensing equipment, or cylinders to any cylinder filling operations that are owned or operated by others?  Yes  No  
If yes, how many? \_\_\_\_\_
2. Do you have a written contract with these cylinder filling operations?  Yes  No
3. Do you have a certificate of insurance from these cylinder filling operations for at least \$1M CSL for GL and AL?  Yes  No
4. Do you provide training to these operations?  Yes  No  
If yes, please provide nature and frequency of this training:

**ITEMS NEEDED PRIOR TO QUOTING**

1. ACORD Applications
2. PropanePro Supplemental App (this document)
3. 5 years of currently valued loss runs
4. Date of last Fire Safety Analysis completed at any facility > 4,000 gallons: \_\_\_\_\_  
Local Fire/Emergency contact: \_\_\_\_\_
5. Date of Homeland Security form STQ completed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing App

\_\_\_\_\_  
Print Name

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

**AmWINS Program Underwriters  
PropanePro Insurance Program**

Bill McCloy, ARM  
Managing Director  
(704) 749-2730

[bill.mccloy@amwins.com](mailto:bill.mccloy@amwins.com)

Ashley Morrow  
Senior Program Underwriter  
(704) 749-2721

[ashley.morrow@amwins.com](mailto:ashley.morrow@amwins.com)