



1. Do you have a bulk storage plant? Please list below.

Address	Number of Tanks	Gallon Capacity of Each Tank	Occupancy of Non-owned structures within 500 feet

2. Provide LP gallons sold by type of customer:

Type of Customer	LP Gallons	No. Of Customers
Retail – delivered to personal end users		
Commercial – delivered to commercial end users and agricultural customers		
Wholesale - sold to other Dealers and/or Distributors for resale		
Bottle Fill / Cylinder Exchange		
Drop Shipped – picked up from non-owned terminal and delivered direct to customer		
Brokerage – paper transaction only – no physical possession of (product)		
Other - Describe		

OUT OF GAS AND CUSTOMER SAFETY

3. What percentages of your customers are? Will Call: ___ % Automatic Fill: ___ %
4. What percentage of you customers' tanks are? Leased Tanks ___ % Customer Owned ___ %
5. How many out of gas deliveries do you average per year? _____
6. Do you have a written out of gas policy for employees to follow? Yes No
If yes, please attach a copy.
7. Do you require an adult to be at home for out of gas deliveries? Yes No
8. Do you perform and document a leak test? Yes No
(leak test must include pressure and time held to be valid)
9. Do you return appliances back in operation. (Light the pilot lights) Yes No
10. If a leak check cannot be performed and the tank is filled, is a POL lock or other method used to prevent the customer from turning on the gas? Yes No

11. Are leak checks performed and documented for the following:

New Customer (Leased Tanks)	Yes	No	Out-of-Gas Instances	Yes	No
New Customer (Customer Owned Tanks)	Yes	No	Change in Tenant	Yes	No
Service Work Customer with interruption of service	Yes	No	Other (Describe)	Yes	No

12. Do you perform a GAS Check, "Safety Check", or state required form, to document the appliances used (manufacturer, model/serial #, shut off valve), tank/cylinder inspection, regulator flow and lock, and leak checks?
 If yes, attach a completed sample Yes No

13a. What percentage of your existing customers has a documented leak check in their file including the pressure and time held? ___ %

13b. Do you audit your customer files to check for accurately completed leak check documentation? Yes No
 If yes, how often Monthly Quarterly Bi-annually Annually

14. Do you send customers safety information annually and document who receives it? Yes No

15. Do you have any jurisdictional systems, where you are providing propane from a single container to more than 9 residential customers or 2 or more commercial businesses? Yes No
(Attach copies of leak survey recap for each of the last 4 years for each jurisdictional system)

16. Do you have any propane cylinder filling dispensing stations leased to others for filling propane cylinders? Yes No
 If yes, how many? _____
 If yes, do you have documentation of training for all persons filling cylinders? Yes No
 If yes, do you have certificates of insurance from the lessee (operator)? Yes No

17. Are you registered to visually requalify cylinders? Yes No
 If yes, do you keep a log? Yes No

18. Do you sell, install, and/or service any of the following: furnaces, other gas appliances (fireplaces, hot water heaters, space heaters, ranges), BBQ grills, wood/coal stoves, spas/hot tubs, electric appliances. Yes No
 If yes, describe: _____
 Annual sales \$ _____

19. Do you perform any HVAC work? Yes No
 If yes, provide annual payroll \$ _____

20. Do you lease, loan or rent construction heaters to others? Yes No
 If yes, how many rented/leased annually?
 Individuals _____
 Contractors _____
 Provide copy of written rental agreement.

EMPLOYEE TRAINING

1. Do employees have documented training for job functions they perform related to the handling and transportation of propane? Yes No

2. Do employees participate in CETP and/or other required state training? Yes No

3. Is refresher training for all employees provided and documented for all the job functions performed in accordance with NFPA 58? Yes No

4. Do all appropriate employees have hazardous materials training within 90 days of employment and every 3 years thereafter? Yes No



1. Provide gallons sold by type of customer

PETROLEUM

Type of customer	Petroleum	Fuel Oil	Other/Type
Retail – sold to personal end users			
Commercial – sold to commercial end users			
Wholesale – sold to other dealers or distributors for resale			
Drop Shipped – picked up from non-owned terminal and delivered direct to customer			
Brokerage – paper transaction only – no physical possession of product			

2. Do you have bulk plant storage? (NON-LPG) Please List Below:

Address				
Type of Fuel				
Check one	Above Below	Above Below	Above Below	Above Below
Gallons Capacity				
Is the tank diked?	Yes No	Yes No	Yes No	Yes No
What type of material is dike and floor?				
Fenced?	Yes No	Yes No	Yes No	Yes No
Type of leak monitoring system				

- | | | |
|---|-----|----|
| 3. Do you have a security plan in conformance with DOT HM 232? | Yes | No |
| 4. Do you have an EPA approved Spill Prevention Control and Countermeasure Plan in place? | Yes | No |
| 5. Do you do any loading/unloading from any kind of watercraft or barges? | Yes | No |
| 6. Do you do any direct fueling of aircraft or watercraft? | Yes | No |
| 7. Are all delivery vehicles equipped with spill containment equipment? | Yes | No |
| 8. Do you have any agreements in place with HAZMAT cleanup contractors for spills in transit? | Yes | No |

- | | | |
|---|-----|----|
| 9. Are all delivery vehicles equipped with emergency communication devices and emergency phone numbers for HAZMAT cleanup contractor and claim reporting? | Yes | No |
| 10. For gasoline products, are all vehicles or loading racks equipped with deep spout tanks or bottom filling tanks? | Yes | No |

HOME HEATING OIL

- | | | |
|---|-----|----|
| 1. For a basement fill, do you confirm the fill line is connected to the tank prior to each fill? | Yes | No |
| 2. For a basement fill, do you confirm there is a working vent/whistle alarm in place near the fill pipe? | Yes | No |
| 3. If a fill line is no longer in use, has it been properly disabled to prevent filling? | Yes | No |
| 4. Do you have a "No Whistle – No Fill" policy? | Yes | No |



1. Do you have a C Store location? Please list below.

Address				
Hours of Operation				
Inside or Outside Surveillance Cameras?	Inside Outside	Both None	Inside Outside	Both None
Any check cashing for a fee operations?	Yes	No	Yes	No
ATM's located inside or outside?	Inside Outside	Both None	Inside Outside	Both None
Car wash automatic or manual (wand/brush operated by customer)?	Auto Manual None		Auto Manual None	Auto Manual None
Any propane bottle exchange or bottle fill operations?	Bottle Exchange Bottle Fill None		Bottle Exchange Bottle Fill None	Bottle Exchange Bottle Fill None
What are the average/max. amounts of cash on the premises?	_____ Avg. _____ Max		_____ Avg. _____ Max	
Are there any deep fat fryers for cooking?	Yes	No	Yes	No
If yes,				
- Is there a automatic extinguishing system in hood, duct, and covering cooking surfaces?	Yes	No	Yes	No
- Is there a thermostatic control with automatic fuel shutoff?	Yes	No	Yes	No
- Have you contracted for cleaning of the hood, ducts filters?	Yes	No	Yes	No
What type of alcohol is sold?	Beer Wine Liquor		Beer Wine Liquor	Beer Wine Liquor
Alcohol annual receipts \$				

2. Have arrangements been made for prompt removal of snow and ice? Yes No
If yes, describe: _____

3. Are any firearms kept or brought on to the premises by employees? Yes No
If yes, describe: _____

4. Are there any machines (games of chance) on any of the premises that award money, or prizes, points/tokens that can be redeemed for merchandise? Yes No
If yes, describe: _____

5. Do any of the premises have showers or sleeping facilities? Yes No
If yes, describe: _____

6. Do any of the premises sell fireworks or allow fireworks to be sold by others at any time during the year? Yes No
If yes, describe: _____

7. Do you sublease any part of the premises to another business operation (motor vehicle repair/sales, restaurants, Laundromats, etc.)? Yes No
If yes, do you get a Certificate of Insurance? Yes No
8. Comments on frequency of deposits, use of time lock safes, and any measures used to reduce crime exposure:

9. What type of training do employees receive in age verification for alcohol and cigarette sales?

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV - see Additional Fraud Notices attached hereto for these States).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK 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 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: 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.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents and warrants that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

_____	_____
Applicant Name (Printed)	Applicant Title
_____	_____
Applicant Signature*	Date

*** ELECTRONIC SIGNATURE AND ACCEPTANCE**

PRODUCER INFORMATION:

_____	_____	
Producer Name (Printed)	Producer Signature*	
_____	_____	_____
Agency Name	Agency Code	License Number

*** ELECTRONIC SIGNATURE AND ACCEPTANCE**

* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.