



Salt Lake City Area Office  
 8722 S. Harrison St. Sandy, UT 84070  
 P.O. Box 4439 Sandy, UT 84091  
 800-257-5590 • Fax 801-304-5515

**PROPANE DEALERS  
 AND DISTRIBUTORS**

Chicago Office  
 303 W. Madison Street Suite 2075  
 Chicago, IL 60606  
 800-456-4576 • Fax 312-408-8081

**General Information**

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

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Producer No.: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Producer's E-mail: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

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

Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture

Other (please describe): \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**1. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			

Annual Premium	\$	\$	\$
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Has the Applicant or any predecessor or related person or entity ever had a claim?  Yes  No  
 Completed Claims and Loss History form attached (REQUIRED)?  Yes  No  
 Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_  
 \_\_\_\_\_

**2. Desired Insurance**

**Limit of Liability:**

- \$100,000 per accident / \$300,000 aggregate
- \$200,000 per accident / \$300,000 aggregate
- \$250,000 per accident / \$500,000 aggregate
- \$250,000 per accident / \$1,000,000 aggregate
- \$300,000 per accident / \$500,000 aggregate
- \$350,000 per accident / \$500,000 aggregate
- \$500,000 per accident / \$1,000,000 aggregate
- \$750,000 per accident / \$750,000 aggregate
- \$1,000,000 per accident / \$1,000,000 aggregate
- Other: \_\_\_\_\_

**Self-Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**3. Business Activities**

1. List all locations that are to be provided insurance under the coverage contract issued:

a. Location 1:

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

b. Location 2:

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

c. Location 3:

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. By what means do you distribute LPG?

	RESIDENTIAL GALLONS	COMMERCIAL GALLONS	TOTAL GALLONS
Cylinders			
Bulk Delivery			
Other (please describe):			

3. Do you distribute:

	RESIDENTIAL GALLONS	COMMERCIAL GALLONS	TOTAL GALLONS
Butane, Gas, etc.			
Fuel, oil, kerosene			

4. Total wholesale product sales (butane, gas, diesel etc.)?

Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Total: \_\_\_\_\_

5. Total wholesale LPG product sales?

Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Total: \_\_\_\_\_

6. Provide gross receipts by class of services performed below and percentage of total income (use separate sheet if necessary).

	GROSS RECEIPTS	PERCENTAGE OF OPERATIONS
Retail sales from independent outlets	\$	%
Installation of heaters, stoves, furnaces or similar appliances.	\$	%
Repair service of heaters, stoves, furnaces or similar appliances.	\$	%
Retail sales of appliances, heaters, parts, etc.	\$	%
Distribution of LPG for <u>commercial</u> use.	\$	%
Distribution of LPG for <u>agricultural</u> use (e.g. to farm, ranch) or <u>residential</u> use.	\$	%
Distribution of butane, diesel, gasoline, etc, for <u>commercial</u> use.	\$	%
Distribution of butane, diesel, gasoline, etc, for residential, agricultural, farm, or ranch use	\$	%
Other income (please describe):	\$	%
TOTAL	\$	%

7. Does your firm require that a system is shut down and tagged, when leaks are suspected or verified?

Yes  No

8. Does your firm require delivery person to light all appliances for "Out of Fuel" deliveries?  Yes  No

9. Does your firm provide "Gas Check" as a service?  Yes  No

If yes, what percentage of your customers have been provided this service? \_\_\_\_\_ %

10. Enter the following information about your customers:

	NO. OF CUSTOMERS	% OF TOTAL CUSTOMERS
Residential		%
Agri-business		%
Industrial/commercial		%
Motor fuel		%

11. How many wholesale accounts do you have? \_\_\_\_\_

a. Total gross receipts: \$ \_\_\_\_\_

b. Number of gallons sold wholesale: \_\_\_\_\_

12. Please provide the name, address, and phone number of your accountant, bookkeeper, or the independent accounting firm, which may be contacted to verify the gross income and sales figures referred to in this voluntary audit request.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Business Number: (        ) \_\_\_\_\_ Fax: (        ) \_\_\_\_\_

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

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