



Liquefied Petroleum Gas Supplement	
Named Insured	

Provide a breakdown of annual gallons of LP sold		Do you have emergency procedures for reported leaks or emergencies and are employees trained in them (attach a copy of procedures)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Residential Delivery		Are employees on 24 hour call for customers complaints of "gas smell" or fire emergency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Brokerage gallons (no possession taken)		Do you handle only odorized LP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cylinder fill/exchange		Do you participate in the propane gas association's "Gas check program"	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All other gallons physically delivered		Are all installations completed according to current NFPA requirements with pressure test and leak test information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List any other gasses sold such as anhydrous ammonia or butane (and the amount in gallons)		Do you comply with regulations that restrict the indoor storage of LP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Are all employees trained through the Propane Gas Association's CETP program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gas	Amount	Is there a program to inform customers that gas regulators should be routinely replaced per the manufacturer's recommendations (usually every 15 years) and the communication documented	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Is there a policy to NOT fill systems with out of date regulators	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Do you provide needed personal protective equipment for employees	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Do you fill any dual use tanks (If yes, please provide procedure details in remarks)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Is this entity a member of the national, regional or state propane gas association	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Please specify which association this entity participates as a member, if any		
		Is there any additional professional training done (If yes, please explain in remarks)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Are DOT inspections stickers clean and readable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Is an 18 lb. B; C rated dry chemical fire extinguisher on each truck	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Is there at least one emergency shut off on the vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tank Sizes		Have all drivers received hazardous material training within the past 3 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Are LP cylinders secured in their proper orientation when transported (relief valves in connection to the vapor space)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remarks/Additional Information		Are LP cylinder valves protected from damage with protective caps or rings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Do employees check connections with a leak detection fluid, after replacing LP cylinders exchanged on site	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Is there a written formal "Out of Gas Procedure" with use of an "Out of Gas Tag"	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Are leak tests and/or pressure tests performed and documented on all new installations, repairs and existing accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Number of bulk plants		
		Are there emergency shut offs on all liquid and vapor loading and unloading lines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Are there bulkheads on all loading and unloading risers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Are all locations secured with locked fencing or locked valves when not attended	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Are all locations equipped with pumping or compressing equipment independent of the trucks	<input type="checkbox"/> Yes	<input type="checkbox"/> No