

For propane and fuel dealers with bulk delivery, cylinder filling and exchange, tank sales and leasing, appliance installation, and heating oil or diesel delivery. Gas stations use CWCO-SUP-GAS. Complete with ACORD 125, 126, 127 (vehicles), 131 (umbrella), and 140. Attach a floor plan or site plan, a list of bulk plants and vehicles, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA / STORE NAME	FEIN	YEARS IN BUSINESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STORE ADDRESS	CITY / STATE / ZIP	WEBSITE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Franchise

PRIMARY CONTACT / TITLE	PHONE	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>
NUMBER OF LOCATIONS	BUILDING OWNED OR LEASED	HOURS OF OPERATION
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 OPERATIONS

Products and services (check all that apply):
☐ Bulk residential delivery ☐ Commercial / ag bulk delivery ☐ DOT cylinder refills ☐ Cylinder exchange ☐ Tank sales / leasing
☐ Appliance installation ☐ System leak checks ☐ Autogas / motor fuel ☐ Heating oil / diesel delivery

ANNUAL GALLONS SOLD	BOBTAILS / TRANSPORTS	BULK STORAGE CAPACITY (GAL)	COMPANY-OWNED TANKS IN FIELD
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SALES AREA (SQ. FT.)	ONLINE / PHONE SALES (%)	PRODUCTS IMPORTED DIRECTLY (%)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

2-1 Does the store sell products under its own brand or private label? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does the store import any products directly from a foreign manufacturer? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-3 Does the store deliver or install products at customers' locations? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — TANKS, DISCONNECTS & CUSTOMER PREMISES

An August 2026 jury put 65% of the fault for a home explosion on Amerigas because it allegedly never removed the gas from, or locked, a tank it had supplied.

3-1 Is there a written procedure for locking out tanks at accounts with no recent delivery? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Is a report run of company-owned tanks with no delivery in 12 months? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Are tanks removed or locked within a set time after an account closes? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Is a leak check done every time service is interrupted? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5 Are gas-check results documented on every new installation? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-6 Do you deliver to tanks owned by the customer? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-7 Have company-owned tanks been found at sites with no active account? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Have you had an explosion or fire claim at a customer's premises? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — ODORANT, WARNINGS & CYLINDER FILLING

A cylinder refilled six years past its 12-year requalification date is at the center of a California explosion suit with \$8M in medical expenses.

4-1 Are odorization bills of lading kept for every supply receipt? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Are daily sniff tests logged at each bulk plant? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Do new customers receive written propane safety and odor warnings? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Is the safety warning documented at each new customer's first fill? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Do staff check the requalification date before filling any cylinder? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Do you fill DOT cylinders for walk-in customers? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Is every cylinder filler trained to NFPA 58? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Have you been cited by OSHA, PHMSA, or a state LP-gas board? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PROPERTY, INVENTORY & CRIME

CONSTRUCTION / YEAR BUILT	BUILDING VALUE (\$, IF OWNED)	IMPROVEMENTS & BETTERMENTS (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>

BULK PLANT EQUIPMENT VALUE (\$)	FUEL INVENTORY AT PEAK (\$)	FIELD TANK FLEET VALUE (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Protection (check all that apply):

☐ Central station burglar alarm ☐ Central station fire alarm ☐ Full sprinkler system ☐ Security cameras ☐ Security gates / shutters
☐ Safe or vault

5-1 Is cash kept in a locked safe and deposited at least daily? ☐ Yes ☐ No
IF NO, EXPLAIN

5-2 Has the store had a burglary, robbery, or theft loss in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

5-3 Is refrigerated or temperature-sensitive stock kept on site? ☐ Yes ☐ No
IF YES, EXPLAIN

6 PAYROLL, SALES & REVENUE

PROJECTED ANNUAL GROSS SALES (\$)	PRIOR YEAR GROSS SALES (\$)	TOTAL ANNUAL PAYROLL (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>

FULL-TIME EMPLOYEES	PART-TIME / SEASONAL EMPLOYEES	DELIVERY / INSTALLATION PAYROLL (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>

7 PRIOR INSURANCE & LOSS HISTORY

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$)	OPEN / CLOSED

7-1 Has a claim arisen from a delivery vehicle accident or spill? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Has a customer made an injury claim against the store in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

7-3 Has a product the store sold been recalled or caused a claim? ☐ Yes ☐ No
IF YES, EXPLAIN

7-4 Has any coverage been declined, cancelled, or non-renewed? ☐ Yes ☐ No
IF YES, EXPLAIN

7-5 Is the applicant aware of any incident or circumstance that could give rise to a claim? ☐ Yes ☐ No
IF YES, EXPLAIN

8 RISK MANAGEMENT & SAFETY

8-1 Are floors, aisles, and entrances inspected on a written schedule with logs kept? ☐ Yes ☐ No
IF NO, EXPLAIN

8-2 Do vendors and suppliers provide certificates of insurance naming the store? ☐ Yes ☐ No
IF NO, EXPLAIN

8-3 Are recall notices checked and recalled products pulled from sale? ☐ Yes ☐ No
IF NO, EXPLAIN

8-4 Are drivers' MVRs checked annually? ☐ Yes ☐ No
IF NO, EXPLAIN

8-5 Is the bulk plant protected from vehicle impact? ☐ Yes ☐ No
IF NO, EXPLAIN

9 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: 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, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE