



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

PROPANE DEALERS DISCOVERY QUESTIONNAIRE

THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER

PROPOSED EFFECTIVE DATE: _____

1. Applicant (as it would appear on the coverage contract): _____
2. Doing Business As: _____
3. Mailing Address: _____
 City: _____ State: _____ Zip: _____
4. Contact Person: _____ Years Experience: _____
 Contact Person is: Owner Manager Promoter Management Other: _____
5. Day Phone: _____ Evening Phone: _____ Fax Number: _____
6. Web Address: _____ E-mail: _____
7. Is this a new business? Yes No If no, how many years have you been in business? _____
8. Insured is: Individual Corporation Partnership Joint Venture Other: _____
9. Describe your business operations: _____

10. Who was your last or is your current insurance carrier? _____
11. What is or was your annual premium? _____
12. Describe your claims and loss history: _____
13. Limits desired:
 - \$100,000 per accident/\$300,000 Aggregate \$300,000 per accident/\$500,000 Aggregate
 - \$500,000 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
14. List all locations to be insured:

Location #	Address	City	State	Zip

15. By what means do you distribute LPG?

	Residential Gallons	Commercial Gallons	Total Gallons
Cylinders			
Bulk Delivery			
Other (please describe)			

16. Do you distribute:

	Residential Gallons	Commercial Gallons	Total Gallons
Butane, Gas, etc.			
Fuel, Oil, Kerosene			

17. Total wholesale butane, gas, diesel, etc. product sales?
 _____ Residential _____ Commercial _____ Total Gallons
18. Total wholesale LPG product sales? _____ Residential _____ Commercial _____ Total Gallons
19. Provide Gross receipts by class of services performed below and percentage of total income.
20. 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 FOR ALL LPG GAS OPERATIONS	\$ _____	_____ %

21. Loss history last 3 years (Use separate sheet if necessary) : _____
22. Does your Firm require system shut down and tagged, when leaks are suspected or verified? Yes No
23. Does your Firm require delivery person to light all appliances for "Out of Fuel" deliveries? Yes No
24. Does your Firm provide "Gas Check" as a service? Yes No
 If Yes, what percentage of your customers have been provided this service? _____%
25. How many residential customers do you now serve? _____ and % of total customers? _____%
26. How many agri-business customers do you serve? _____ and % of total customers? _____%
27. How many industrial customers do you serve? _____ and % of total customers? _____%
28. How many motor fuel customers do you serve? _____ and % of total customers? _____%
29. How many wholesale accounts do you have? # _____ Total gross receipts \$ _____
 Number of gallons sold wholesale # _____
30. Please provide the name, address, and phone number of your accountant, bookkeeper, which may be contacted to verify the gross income and sales figures referred to in this voluntary audit request:
 Name: _____
 Phone: _____
 Address: _____
 City, State, Zip: _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Discovery Questionnaire, the Applicant for insurance hereby represents and warrants that the information provided in the Discovery

Questionnaire, together with all supplemental information and documents provided in conjunction with the Discovery Questionnaire, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the Discovery Questionnaire, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Association can and will rely upon the Discovery Questionnaire 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 Discovery Questionnaire and all supplemental information and documents provided in conjunction with the Discovery Questionnaire are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Discovery Questionnaire or the payment of any premium does not obligate the Association or any 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 Discovery Questionnaire, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Association, and its agents, to gather any additional information the Association deems necessary to process the Discovery Questionnaire 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 Association 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 Association in conjunction with consideration of the Discovery Questionnaire.

The Applicant further represents that the Applicant understands and agrees the Association: (i) may present a quote with a sub-limit of liability for certain exposures, (ii) may quote certain coverages with certain activities, events, services, or waivers excluded from the quote, (iii) will rate each quotation in the best interest of each Association member to the extent possible to meet the overall intent of the Association's program of insurance for all members, and (iv) 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 Association's accounting office receives the required premium payment, and the Applicant signs and returns the appropriate "Acknowledgement and Coverage Contract Receipt" form within 10 days of receiving an insurance coverage contract.

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

IMPORTANT: Each accepted Applicant is provided insurance as a participating member under a Master Group Policy of Insurance issued on behalf of the Garage Services and Equipment Dealers Liability Association of America, Inc., a qualified "Purchasing Group" under the Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed by the laws, rules, and regulations of the State of Utah, to which members will be added as "Participating Members." The Association's program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member's state of residence.

All coverage contract charges and service provider fees are minimum and fully earned as of the effective date of coverage. Membership in the Association is restricted to those whose business or activities are similar with respect to liability to which members are exposed by virtue of any common business, act, product, service, premises, or operations. The Applicant represents that the Applicant understands and agrees: (i) the Applicant's request for the Association to quote or otherwise effect coverage for the Applicant is without undue influence or incentive, (ii) the Applicant is individually procuring any insurance that may be provided as a participant in a Master Group Policy, where the benefits and coverage have already been approved by the Association's Purchasing Group, (iii) any coverage that may be provided will be provided under a Master Coverage Contract has been effected in the State of Utah as the state in which the Purchasing Group is organized and domiciled, and where the Association's Purchasing Group's principal office is located, (iv) all rules and regulations applicable to the individual or self-procurement of insurance will govern any coverage provided, and (v) the Applicant is individually responsible for the direct payment of taxes related to coverage provided in the Applicant's state of residence. Should taxes be made a part of any quotation provided by the Purchasing Group to the Applicant, the Association may, as an accommodation and convenience to the Applicant, collect and remit any tax collected to the tax collection agency in the member's state of residence.

Dated: _____

Applicant:

Signature

Print Name



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APPLICATION FOR MEMBERSHIP

The Garage Services and Equipment Dealers Liability Association of America, Inc. has been formed as a "Purchasing Group" under the Risk Retention Act of 1986 (Public Law 97-45), to offer liability insurance to members of the Association.

To join the Association and participate in the benefits of membership, please complete the application below and return it with your membership fee and annual dues payment. Please make your check payable to the International Special Events and Recreation Association, Inc. The initial membership enrollment fee is \$75.00. Annual membership dues are \$5.00. If you have already enrolled in the Association, you do not need to complete this form.

1. Applicant : _____
2. Mailing Address: _____
City: _____ State: _____ Zip: _____
3. Contact Person: _____
4. Day Phone: _____ Evening Phone: _____ Fax Number: _____
5. Type of business conducted: _____
6. How many years have you been in business? _____
7. States of Operation: _____
8. Please list below the name and address of any other association you are currently a member of:

Dated: _____

Applicant:

Signature

Print Name