



UCA GENERAL INSURANCE SERVICES

"Service Is Our Strength!"SM

[Response Indemnity Company of California - California]

[Lyndon Southern Insurance Company - Arizona, Idaho, Nevada, Oregon, Utah, and Washington]

Underwriter: _____

Broker: _____

Date: _____

C-Store Program Propane Supplemental

This supplemental application forms and becomes part of your policy.

INSURED

Named Insured: _____ Effective Date: _____

DBA: _____ Entity Type: _____

E-mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Location Address: _____

City: _____ State: _____ Zip code: _____

1. What protective barriers surround the propane tank(s)? _____

2. Are propane tanks filled by trained employees or customers? _____

3. Are propane tanks protected from the weather/elements? Yes No

4. Are there proper safety guideline signs posted at propane tank(s) site? Yes No

5. Are propane tanks in the off position when not in use? Yes No

6. Do propane tanks sit on a fireproof pad? Yes No

7. Do propane tanks exceed 700 gallons? Yes No

8. Do propane tanks have Tank Dome protection? Yes No

9. Do propane tanks have gas detectors that sound an alarm? Yes No

10. Do propane tanks have emergency shut off valves? Yes No

11. Do propane tanks have tamper-resistant mechanism? Yes No

12. Are propane tanks serviced annually by certified/qualified propane contractor? Yes No

**If 'Yes' provide certificate of service*

Person to contact for inspection: _____ **Applicant/Broker Signature** _____

Name: _____ Phone: _____ **X** _____

Email: _____ **Date:** _____