**Propane/Gas Sales Questionnaire**

If the insured wishes for coverage to apply to the Business Income from propane/gas sales, please answer the following:

1. Please describe the operations, from your receipt of the propane/gas to the final sale to your customer:

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1. Is there an on-site tank? Y / N If yes, how many gallons? \_\_\_\_\_\_\_\_\_\_\_
2. Are there individual tanks available for purchase/rent? Y / N If yes, please describe the filling

and storing of those tanks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please confirm there are adequate safety procedures in place & all employees handling the propane/

gas are properly trained. \_\_\_\_\_\_\_ Yes, the propane/gas dealer trains employees on all procedures

\_\_\_\_\_\_\_ No employees handle the propane/gas

\_\_\_\_\_\_\_ Other- please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_