



RAILROAD COMMISSION OF TEXAS
ALTERNATIVE ENERGY DIVISION
LP-Gas Operations

**LNG FORM
2027**

**APPLICATION FOR QUALIFICATION AS SELF-INSURER
GENERAL LIABILITY**

Please Type or Print

(Applicant's name)

Makes an application for the privilege of being self-insured. In connection with such application, the applicant makes the following declaration for the purpose of enabling LP-Gas Operations to determine whether the applicant possesses sufficient security and has financial ability to render the payment of general liability judgments for limits imposed upon the applicant by the Texas Natural Resources Code, Chapter 116, and the *Regulations for Liquefied Natural Gas* adopted by the Railroad Commission of Texas. It is agreed and understood that upon at least ten days' notice, and pursuant to such notice, LP-Gas Operations, may cancel certificate of self-insurance and require the applicant to comply immediately with the Commission's insurance requirements.

A self-insurance certificate issued by LP-Gas Operations expires six months from the date the application is approved. Renewal of a self-insured certificate requires filing with LP-Gas Operations a new application at least one month prior to the expiration date. A renewal certificate does not take effect until approved by LP-Gas Operations.

(Printed name of applicant)

(Nature of business)

(Address)

(City)

(County)

(State)

(Zip Code)

(Area code)

(Telephone Number)

1. Are you now operating as a self-insurer? YES NO If so, how long? _____

2. Do you have a claim department for investigating and adjusting claims? YES NO

If not, how are your claims investigated and adjusted? _____

3. Have you set up a reserve fund for accident claims? YES NO

If so, under what caption does it appear on the financial statement? _____

If not, how do you determine your outstanding liability? _____

4. Give the following information concerning accidents in which your company was involved during the past three years, including accidents occurring 15 days or more prior to the date of this application.

A. Number of accidents:

| | | | |
|---------------------------------|-------|-------|-------|
| Personal injury or combinations | _____ | _____ | _____ |
| Property damage only | _____ | _____ | _____ |
| Total number of accidents | _____ | _____ | _____ |

B. Number of claims:

| | | | |
|---------------------------------|-------|-------|-------|
| Personal injury or combinations | _____ | _____ | _____ |
| Settled by payment | _____ | _____ | _____ |
| Settled without payment | _____ | _____ | _____ |
| Pending | _____ | _____ | _____ |
| TOTAL | _____ | _____ | _____ |

C. Solely property damage claims:

| | | | |
|-------------------------|-------|-------|-------|
| Settled by payment | _____ | _____ | _____ |
| Settled without payment | _____ | _____ | _____ |
| Pending | _____ | _____ | _____ |
| TOTAL | _____ | _____ | _____ |

D. No. of accidents for which no claims were made _____

E. Payments of claims:

| | | | |
|--------------------------------|-------|-------|-------|
| Personal injury & combinations | _____ | _____ | _____ |
| Solely property damage | _____ | _____ | _____ |
| TOTAL | _____ | _____ | _____ |

F. Reserved for pending claims:

| | | | |
|---------------------------------|-------|-------|-------|
| Personal injury or combinations | _____ | _____ | _____ |
| Solely property damage | _____ | _____ | _____ |
| TOTAL | _____ | _____ | _____ |

5. Are any general liability judgments open and unsatisfied? YES NO

If so, how many? _____ Total amount of unsatisfied judgment: _____

6. Is your company a self-insure under any other phase of your business? YES NO

7. Attach any audit report made to LP-Gas Operations, for the purpose of showing financial ability to pay general liability judgments. If the last annual statement is used for this purpose, the statement must be audited, and an opinion given by certified public accountant must accompany the application. The report or statement must show a profit and/or loss.

ADDITIONAL INFORMATION

- A. List name(s) and address(s) of bank(s) in which the LNG licensee has an account:

- B. Insurance coverage on:

Inventories: _____

Plants: _____

- C. When incorporated: _____

- D. List all contingent liabilities:

- E. List assets pledged to secure notes, loans, or mortgages payable:

- F. List any notes or accounts receivable or payable from or to officers or stockholders; give details concerning method and term of payment:

- G. List names of officers and /or partners(s) of the LNG licensee:

Witness our hand this _____ day of _____ 20_____

STATE OF TEXAS

COUNTY OF: _____

(Signature of applicant)

(Printed Name)

(Official title)

(Name of business entity)

Before me _____, A notary Public in and for said county and state, personally appeared

(Official Title)

and _____, respectively, of the above-named (Corporation), (Partnership), (Proprietorship), and severally acknowledge the execution of the foregoing and sworn to the contents thereof this

_____ day of _____ 20_____

(Seal)

(Notary Seal)

(Commission expires)

FOR LICENSE AND PERMIT SECTION USE ONLY

- 1. APPROVED BY: _____ DATE _____
- 2. DISAPPROVED BY: _____ DATE _____
- 3. APPLICATION INCOMPLETE: _____ DATE _____

By filing this application via facsimile transmission, applicant voluntarily stipulates and agrees that the filed facsimile copy shall be treated as an original document for all purposes in any court or administrative proceedings.

Return to:
Railroad Commission of Texas
Alternative Energy Division
LP-Gas Operations
PO Box 12967
Austin, TX 78711-2967
800-64-CLEAR
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