



ROGERS
INSURANCE LTD.

PROPANE TRAINERS / EXAMINER INSURANCE PROGRAM

Company/Insured: _____
 Owner/Principal Name: _____
 Mailing Address: _____

Phone No _____ Fax No _____
 # of Years as PGAC/OPA
 CPA/PTI Trainer No: _____ Trainer: _____

Past Training/Safety Experience _____

Estimated Gross Receipts: _____

Breakdown of Operations: _____

- Classroom Training: _____ %
- Hands-On Training: _____ %
- Other Training: (ie: WHMIS, Forklift Safety, etc.) _____ %

Describe fully, each other type of training done and % for each:
 ie:) Propane – What type of training, on what types of equipment, process, installation, filling?

 _____ %
 _____ %
 _____ %
 _____ %
 _____ %

Propane Tank Training:

Type: _____
 Size: _____
 Use: _____

Location(s) of the Hands-On Training: (ie: At Employers Premises, etc.)



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Are you and all other trainers working for you, Provincially Registered? Yes No

Any training / work done in USA or Off-Shore? Yes No

If Yes, where?

Number of Employees _____

Name of Employee	Years of Experience	Duties	Provincially Registered

If not registered, describe certification or qualification of Employee:

Signature: _____

Name: _____

Date: _____