

Gas Station/Convenience Store Application

Applicant's Name _____

Agent _____

Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Phone Number for Inspection Contact _____

Proposed Policy Period _____ to _____

Applicant is Individual Partnership Corporation Joint Venture Other

Location #1 _____

Location #2 _____

Location #3 _____

GENERAL INFORMATION

1. Number of years in business? _____

If new venture, what is prior experience?

2. Total Gross Sales \$ _____

Liquor \$ _____

3. Operating Hours _____

4. Is the store open 24 hours?.....Yes No

5. Any Firearms on premises?.....Yes No

If yes, give details _____

6. Square footage of building _____

COOKING INFORMATION

Any cooking on premises?.....Yes No

If yes, type of cooking Microwave Pizza Oven *Grill *Fryer Other

*Is there an ansel system?.....Yes No

Hood and Ducts?.....Yes No

GASOLINE SALES AND AUTO SERVICE EXPOSURES

1. Applicant has alarm panic button camera system

(central station)

2. Number of Pumps: _____ Total gallons sold per year: _____

3. Emergency automatic shutoff accessible to employees and customers?..... Yes No
4. Is there a car wash on premises?..... Yes No
If yes, describe _____
5. Any Auto Repair on Premises?Yes No
If yes, describe _____

COMMERCIAL PROPERTY

(Please provide complete information for each insured location. Attach separate sheet, if necessary.)

| BUILDING INFORMATION | Loc. 1 | Loc. 2 | Loc. 3 |
|------------------------------|---|---|---|
| CONSTRUCTION: | | | |
| YEAR BUILT: | | | |
| # OF STORIES: | | | |
| TOTAL SQ. FOOTAGE: | | | |
| PROTECTION CLASS: | | | |
| ALARM | <input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None | <input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None | <input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None |
| YEAR OF LATEST UPDATE | _____ Roof _____ Plumbing _____ Wiring | _____ Roof _____ Plumbing _____ Wiring | _____ Roof _____ Plumbing _____ Wiring |

(Property Section 1)

| Coverage | Coinsurance % | Deductible | Causes Of Loss | Valuation | Loc. 1 | Loc. 2 | Loc. 3 |
|------------------------|---|-------------------|--|---|---------------|---------------|---------------|
| Building | _____ % | \$ _____ | | | | | \$ _____ |
| BPP | _____ % | \$ _____ | | | \$ _____ | \$ _____ | \$ _____ |
| Business Income | _____ % Or Monthly Limit _____ % | \$ _____ | <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special | <input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> Market Value (Submit) | \$ _____ | \$ _____ | \$ _____ |
| Canopy | _____ % | \$ _____ | | | \$ _____ | \$ _____ | \$ _____ |
| Kiosk | _____ % | \$ _____ | | | \$ _____ | \$ _____ | \$ _____ |
| Pumps | _____ % | \$ _____ | | | \$ _____ | \$ _____ | \$ _____ |
| Hoses | _____ % | \$ _____ | | | \$ _____ | \$ _____ | \$ _____ |

| | Coverage | Limit |
|--------|----------|-------|
| Loc. 1 | | |
| Loc. 2 | | |
| Loc. 3 | | |

(Property Section 2)

Select additional coverage needed:

| | YES | NO | LIMIT |
|----------------------------------|-----|----|-------|
| Equipment Breakdown | | | |
| Property Enhancement Endorsement | | | |
| Crime | | | |
| Spoilage | | | |
| Utility Services | | | |

LIMITS- GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____
 PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____
 PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____
 EACH OCCURRENCE \$ _____
 DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____
 MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

Is Hired and Non-Owned Auto Required.....Yes No

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

| YEAR | CARRIER | POLICY NUMBER | LIMITS | PREMIUM |
|------|---------|---------------|--------|---------|
| | | | | |
| | | | | |
| | | | | |

PRIOR CARRIER HISTORY & LOSS INFORMATION (Continued)

LOSS HISTORY (LAST FIVE YEARS)

| DATE OF LOSS | TYPE OF LOSS | DESCRIPTION OF LOSS | AMOUNT PAID | RESERVE |
|--------------|--------------|---------------------|-------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain.

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to this application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in this application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to this application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____

Date: _____

Title of Signer: _____

Agency: _____

***Signing this application does not bind the applicant or the company to complete this insurance.**