

Service Station Application

Agency:		Eff Date:	
Contact:		Exp Date:	

Named Insured:

DBA:		FEIN:	
Corporation	LLC	Partnership	Individual
			Joint Venture
Inspection Name:		Inspection Number:	
Location Number:			
Description of Operations:			
Mailing Address:			
County:			
Location Address:			
County:			

Number of losses:		None:
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General Liability Limits:

Each Occurrence Limit:	\$
General Aggregate:	\$
Products & Completed Ops:	\$
Personal & Advertising Injury:	\$
Damage to Rented Premises:	\$
Medical Expenses:	\$
Liquor Liability:	\$
Hired & Non-Owned:	\$

Garagekeepers Legal Liability (\$100,000):

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Operations:

Annual Gas sales	\$	Yrs. in Business:		
Annual Gas Gallons:		Yrs. of Mgmt. Experience:		
Number of pumps:		Yrs. At this location:		
C-Store Sales:	\$	Hours of Operation:		to
Total Liquor Sales:	\$	Number of Employees:		
Restaurant Sales:	\$	If 24 hour, number of EE's from midnight to 5am:		
Car Wash Sales:	\$	Propane on premises tank?		Yes: No:
Self: Full:				
Propane Sales:	\$	Propane Gallons:		
Other:		Owner or Tenant:	Owner	Tenant

Property Coverages:

Property Deductible:		Replacement Cost	Actual Cash Value	Coinsurance %:
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Cause of Loss:

Basic:

Broad:

Special:

Description:										
Construction Type:							Protection Class			
Roof Construction Type:							Sq ft:			
Year Electrical Updated:		Year Plumbing Updated:			Year Built:					
Year Roofing Updated:		Year Heating Updated:			Smoke Detectors:					
Building Limit:	\$	BPP Limit:		\$	Fire Extinguishers:					
Canopy Limit:	\$	Sign(s) Limit:		\$	Car wash Limit:		\$			
Pumps Limit:	\$	BI Limit:		\$	1/3 1/4 1/6		EE:			
Central Alarm:	Video Cameras:		Panic Button:		Local:		Fire Central Station:			

Property Extension for \$250 premium? ☐ Yes ☐ No

Spoilage:

Crime:

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Underwriting Information

Is the applicant in full compliance with all life safety requirements and applicable building ordinances and laws?	Yes	No
Does applicant own premises or conduct operations not described in the application?	Yes	No
Any policy or coverage declined, canceled or non-renewed during the prior three years?	Yes	No
Any bankruptcies, tax, or credit liens against the applicant in the past 5 years?	Yes	No
Applicant convicted of any crime of arson in the past 5 years?	Yes	No
Is security (watchperson) provided at any building?	Yes	No
Has the applicant ever been fined by any federal, state, or local governmental agency or entity related to any past or business operations?	Yes	No
Any ineligible occupancies: Bar Tavern, Electroplating, Manufacturing, Auto repair, or Woodworking?	Yes	No
Does applicant install, service, or repair any products?	Yes	No
Will the property be vacant at any time during the term?	Yes	No
Will there be any renovations/construction projects during the term?	Yes	No

Convenience Store with Gas

Does the applicant sell weapons or ammunition?	Yes	No
If there are any liquor receipts, answer the following:	Yes	No
Have there been an liquor liability losses in the past 5 years?	Yes	No
Does the applicant have a formal training program for servers?	Yes	No
Applicants liquor license ever been suspended or revoked?	Yes	No
Does applicant fill or service LPG tanks? (If sales of switch out tanks only, no filling on premises – answer no)	Yes	No
If tank filling on premises, do they have proper barrier protection and 50 feet or more from the nearest structure?	Yes	No
Are customers allowed to fill their own propane tanks?	Yes	No

Restaurant Operations

Are there any restaurants or cooking operations in any building?	Yes	No
If YES, please check all that apply and the number of units:		
Pizza Oven:		
Grill:		
Ovens:		
Deep Fryer:		
Broiler:		
Stove:		
Microwave:		
Other (describe):		
Is all cooking equipment located beneath an approved hood/duct system?	Yes	No
Are hoods and ducts equipped with removable filters or grease extractors vented outside?	Yes	No
Are hoods and ducts cleaned at a minimum of every six (6) months?	Yes	No
Are all cooking devices installed with a minimum 18-inch safe clearances to combustible surfaces?	Yes	No
Is all cooking equipment protected by a UL 300 wet-chemical extinguishing system?	Yes	No
Are manual pull fire extinguisher systems readily accessible and clearly identified?	Yes	No
Are all gas equipment and electric deep fryers equipped with automatic fuel shut off?	Yes	No
Are there 40 BC or type K (UL 300 Standard) fire extinguisher in the kitchen?	Yes	No
Are automatic extinguishing systems serviced no less than every six (6) months?	Yes	No

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Crime

Is location well lighted?	Yes	No
Are approved lock-down procedures in place between the hours of Midnight – 5am?	Yes	No
Do all exterior doors have double cylinder deadbolts and are bay doors (if repair shop) padlocked?	Yes	No
Is there a time safe with drop?	Yes	No
Are deposits made at least daily?	Yes	No
Are there fully operational surveillance cameras – internal & external with DVR – in place?	Yes	No
Does the applicant have a central station alarm?	Yes	No
If yes, With Keys? Yes No Without Keys? Yes No	Yes	No
Does the applicant have a panic alarm but not monitored by a central station?	Yes	No
Is there a formal training program on “What to do in the event of a robbery”?	Yes	No
Is stock free from windows for a clear view?	Yes	No
If 24 hour lock down, shatter resistant glass and pass through window?	Yes	No

General Eligibility Information

Establishments must be a branded operation. For Example: Exxon Mobil, Chevron, Shell, Phillips 66-Conoco-Union 76, Texaco, ARCO, Circle K, 7 Eleven, Citgo, British Petroleum (BP), and Valero.
Franchise only fast food restaurant operations (drive through windows & walkup counters acceptable)
24 hour operations must meet (all Yes answers) all of the above Crime Questions.
Minimum of 2 employees overnight if the doors are open all night
If Liquor sales – All employees are trained on regulating the service of alcohol to minors, or those under the influence.
Full Service Car washes may be eligible, subject to underwriting approval.

Additional Insured:

Name:

Address:

Interest:

City:

State:

Zip:

Name:

Address:

Interest:

City:

State:

Zip:

Name:

Address:

Interest:

City:

State:

Zip:

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FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be subject to civil and criminal penalties.

In AL, AR, AZ, DC, LA, MD, NM, RI & WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines, (restitution in AL) or confinement in prison.

In Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

In Florida and Oklahoma: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

In KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation in NY).

In Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

In New Jersey: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

In Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating **state law**.

I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage. I declare to the best of my knowledge that all statements herein are true, correct and complete to the best of my knowledge and no material facts have been suppressed or misstated.

Signature of Agent

Date

Signature of Applicant