

APPLICATION

General Information

Named Insured:			
Mailing Address:	Zip		
Legal Entity:	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC
Telephone:		Fax:	
Effective Date:		Contact Name:	
1. Years of experience in the gasoline retail/management business?			
2. Do you own or operate any other type of business?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If so, is this business operated under a separate entity name?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What type of business is operated under this separate entity?			
5. Do you insure this other business elsewhere?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Current Company/Policy Number(s) We will prepare a loss run request letter and forward to you for signature.

Package Company/Policy Number (Liability, Property, Crime)	Workers' Compensation Company/Policy Number

<input type="checkbox"/> No Losses Previous 3 Years *	<input type="checkbox"/> Hard Copy Loss Runs Attached	<input type="checkbox"/> Hard Copy Loss Runs to Follow*
---	---	---

*Note: Loss Runs will be required within 30 days of Binding

Liability & Property

General Liability: <input type="checkbox"/> \$1,000,000 Occurrence / \$2,000,000 Aggregate <input type="checkbox"/> \$2,000,000 Occurrence / \$4,000,000 Aggregate <input checked="" type="checkbox"/> Medical Payments: \$5,000 Each Person <input checked="" type="checkbox"/> GL Property Damage Deductible: \$0 Employee Benefits Liability <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Hired & Non-owned Auto Liability <i>Note: Available only if your business has no owned vehicles</i>	Property: <input checked="" type="checkbox"/> Business Income, 12 months, Actual Loss Sustained <input checked="" type="checkbox"/> Mechanical Breakdown <input type="checkbox"/> Employee Dishonesty Limit <input type="checkbox"/> Default Limit: \$5,000 Other Limit \$ _____ <input checked="" type="checkbox"/> Pollutant Cleanup & Removal: \$25,000 <input checked="" type="checkbox"/> Backup of Sewer & Drains: \$5,000
---	---

This application must be completed for each retail location.

Location # _____

Branded of Gasoline Sold at this Location: _____

Exposures			
Check all that Apply <input type="checkbox"/> C-Store <input type="checkbox"/> Gas Station <input type="checkbox"/> Car Wash <input type="checkbox"/> Auto Repair <input type="checkbox"/> Propane <input type="checkbox"/> Restaurant <input type="checkbox"/> Liquor			
<input type="checkbox"/> Own <input type="checkbox"/> Lease	dba _____		
Street Address:		City:	State: Zip:
Building: Specify Replacement Cost	\$ _____	BPP – Stock/Store Inventory: Specify Replacement Cost	\$ _____
Pumps, Canopies, Nozzles, Hoses: Specify Replacement Cost	\$ _____	Sign Value (within 1000 ft):	\$ _____
Year Built:	Building Sq/Ft:	Building Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Masonry NC <input type="checkbox"/> Metal NC	
Bldg + 25 yr list updates:	Car Wash <input type="checkbox"/> Yes <input type="checkbox"/> No	IF separate Bldg, Carwash	Car Wash Sq/Ft:
Heat: Roof:	Equipment Value:	Building Value:	
Elec: Plumb:			
Pumps: _____ # of 2-Sided _____ # of 1-Sided		Canopies: _____ # of Canopies _____ Total Sq/Ft	

Location Information (All questions must be completed for **each** location.)

1. What are the hours of operation at this location? _____ to _____ <input type="checkbox"/> 24 Hrs.		
2. How are employees protected? <input type="checkbox"/> Bullet Proof Cage <input type="checkbox"/> Auto Door Locks <input type="checkbox"/> No Access Inside After 11:00 PM <input type="checkbox"/> Video monitoring <input type="checkbox"/> Central station alarm <input type="checkbox"/> Panic Button		
3. How many employees do you have at this location?	Full time	Part time
4. What is the minimum number of attendants on duty during any shift?		
5. Is there elevated visibility for cashiers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is there adequate lighting inside and around store premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is there a safe in use at this location?	<input type="checkbox"/> Drop safe	<input type="checkbox"/> Other
8. Is the owner or manager the only personnel having access to the safe?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. How often are deposits made and by whom?		
10. Are the tanks monitored/dipped daily?	<input type="checkbox"/> Electronic	<input type="checkbox"/> Manual
11. Do all nozzles have splash guards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. If applicable, type of carwash at this location: <input type="checkbox"/> Self-Serve <input type="checkbox"/> Touchless <input type="checkbox"/> Drive Thru Touch <input type="checkbox"/> Full Service		
13. Do you allow or keep firearms or Guard Dogs at this location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Do you provide personal protective equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Please provide the following breakdowns of annual receipts for:		
Annual Gallonage: _____ Convenience Store Sales: \$ _____		
Liquor Sales: \$ _____ Car Wash Sales: \$ _____ Propane Sales: \$ _____		
Repair Receipts: \$ _____ Restaurant Sales: \$ _____		
Total Annual Receipts: \$ _____		

Location Specific Liability/Property Coverages

<input type="checkbox"/> Fire Damage Legal Liability	<input type="checkbox"/> Food Spoilage Limit \$ _____
<input type="checkbox"/> Default Limit: \$100,000	<input type="checkbox"/> Utility Services - Direct Damage Limit: _____
<input type="checkbox"/> Other Limit \$ _____	Money & Securities Inside/Outside
<input type="checkbox"/> Liquor Liability Limit: \$1,000,000 (If Requested)*	<input type="checkbox"/> Default Limits: \$5,000/\$5,000
*Available Only if Less than 25% of Sales and Where there is Sale of Gasoline	<input type="checkbox"/> Other Limit \$ _____/\$ _____
<input type="checkbox"/> Car Wash Liability Limit \$ _____	

Supplemental Application

Worker's Compensation

Underwriting Information (Please answer all of the following)

Please answer all of the following questions if Workers Comp coverage is requested.		
1. Do you lease any employees from other entities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you lease any employees to other entities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employers Liability BI Limits	<input type="checkbox"/> \$100,000 Each Accident / \$500,000 Policy Limit / \$100,000 Each Employee <input type="checkbox"/> \$500,000 Each Accident / \$500,000 Policy Limit / \$500,000 Each Employee <input type="checkbox"/> \$1,000,000 Each Accident / \$1,000,000 Policy Limit / \$1,000,000 Each Employee
-------------------------------	---

Coverage State	Most Common Classification Codes	Annual Payroll
	8017 – Store Retail – NOC	\$
	8006 – Gasoline Station Self-Service & Convenience/Grocery Retail	\$
	8381 – Gasoline Station Self-Serve where Gas is 90%+ of Sales	\$
	8380 - Gasoline Station Full & Self-Serve where Gas is 90%+ of Sales	\$
	8810 - Clerical	\$
	8380 - Automobile Service or Repair Center	\$

Federal ID # (FEIN):	Risk ID #:
----------------------	------------

OFFICER INCLUSIONS/EXCLUSIONS	TITLE	% of Ownership	COVERAGE
Name:	Title:		<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Name:	Title:		<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Name:	Title:		<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Name:	Title:		<input type="checkbox"/> Include <input type="checkbox"/> Exclude

1. Do officers have health insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is health insurance provided to employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Entities to be Listed on Policy

Entity Name	FEIN	Payroll?	Entity Purpose
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

I HEREBY DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE. The signing of this application does not bind the applicant or insuring company to an insurance contract.			
_____	_____	_____	_____
(Agent)	(Date)	(Applicant/Title)	(Date)

Supplemental Application

Garage Liability/Garage Keepers Legal Liability

Does the applicant do any body work or paint spraying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any repair of trucks in excess of 20,000 GVW?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide largest truck in GVW _____.		
Does the applicant rebuild engines or transmissions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many a year? _____		
Are Mechanics Certified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant sell new, used, or recapped tires?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, list annual sales - NEW \$_____ USED \$_____		
Are used shop towels and all flammables stored in approved metal containers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Avg. # of customer's vehicles stored on the premise: During Working Hours _____ During Non-Working Hours _____		
Is there any off-premise or street parking of customer's vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maximum value of vehicles in the applicants care, custody or control at any one time? \$ _____		

Commercial Umbrella Liability

Excess Liability		
Note: Self Insured Retention = \$10,000		
Limit you would like quoted: <input type="checkbox"/> \$1M <input type="checkbox"/> \$2M <input type="checkbox"/> \$3M <input type="checkbox"/> \$4M <input type="checkbox"/> \$5M		
1. Do you operate or lease any aircraft or watercraft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Any owned autos titled in the business name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you operate any other business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. If so, are they owned under separate entities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Supplemental Application

Business Automobile

POLICY COVERAGES and Limits (Unless Otherwise Specified)			
Symbol	Coverage	"X" if desired	Optional Coverages
1	Liability - \$1,000,000 CSL		Comprehensive - \$100 Deductible Minimum
5	PIP – Statutory limit		Collision - \$250 Deductible Minimum
7	Med Pay - \$5,000 Per Person (If Applicable)		Towing – For Private Passenger Vehicles Only
2	Uninsured Motorists – CSL limit		Rental Reimbursement
2	Underinsured Motorists – CSL limit		Hired & Non-Owned Auto Liability

Automobile Information Please answer all of the following questions if you have owned autos to be insured.

1. Are all vehicles titled in the business name or leased to the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are all vehicles used in the course of business? If no, how are they being used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you require certificates of insurance from all employees using their own vehicles in the course of business? Do these certificates show that the employee has at least \$100,000 of liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
4. Have any drivers had any of the following violations? (Please explain any yes responses.) License suspended or revoked, or driving without a license? Driving while intoxicated or impaired? Reckless driving, or speed in excess of 25 miles over the posted limit? Criminal type convictions (e.g., negligent homicide, manslaughter, hit and run, etc.) Failure to report an accident or making a false report to authorities Three or more at fault accidents and/or moving violations in the past 3 years Two or more at fault accidents and/or moving violations in the past 12 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Driver Information Please list all drivers including employees test driving or using their own vehicles for business purposes.

Driver Name	Date of Birth	Drivers License Number	State

Vehicle # 1 (Check One Only) Full Coverage Liability Only Comprehensive Only

Year	Make	Model	Cost New
VIN		Deductibles: Comprehensive/Collision \$ _____ / \$ _____	
Garaging Location			
Vehicle Usage	Vehicle Weight	Additional Coverages:	
<input type="checkbox"/> Commercial	<input type="checkbox"/> 0-10,000 lbs	<input type="checkbox"/> Rental Reimbursement \$ _____ Per Day / _____ Days	
<input type="checkbox"/> Service	<input type="checkbox"/> 10,001-20,000 lbs	<input type="checkbox"/> Towing (Private Passenger Only) \$ _____ /Conveyance	
<input type="checkbox"/> Private Passenger	<input type="checkbox"/> 20,001- 45,000 lbs		
Loss Payee:		Additional Insured:	
Name		Name	
Address		Address	
City	State	Zip	City
			State
			Zip

Supplemental Application – Continued (Additional Vehicles)

Vehicle # _____ (Check One Only) Full Coverage Liability Only Comprehensive Only

Year	Make	Model			Cost New
VIN				Deductibles: Comprehensive/Collision \$ _____ / \$ _____	
Garaging Location					
Vehicle Usage		Vehicle Weight		Additional Coverages:	
<input type="checkbox"/> Commercial	<input type="checkbox"/> 0-10,000 lbs			<input type="checkbox"/> Rental Reimbursement	\$ _____ Per Day / _____ Days
<input type="checkbox"/> Service	<input type="checkbox"/> 10,001-20,000 lbs			<input type="checkbox"/> Towing (Private Passenger Only)	\$ _____ /Conveyance
<input type="checkbox"/> Private Passenger	<input type="checkbox"/> 20,001- 45,000 lbs				
Loss Payee:			Additional Insured:		
Name			Name		
Address			Address		
City	State	Zip	City	State	Zip

Vehicle # _____ (Check One Only) Full Coverage Liability Only Comprehensive Only

Year	Make	Model			Cost New
VIN				Deductibles: Comprehensive/Collision \$ _____ / \$ _____	
Garaging Location					
Vehicle Usage		Vehicle Weight		Additional Coverages:	
<input type="checkbox"/> Commercial	<input type="checkbox"/> 0-10,000 lbs			<input type="checkbox"/> Rental Reimbursement	\$ _____ Per Day / _____ Days
<input type="checkbox"/> Service	<input type="checkbox"/> 10,001-20,000 lbs			<input type="checkbox"/> Towing (Private Passenger Only)	\$ _____ /Conveyance
<input type="checkbox"/> Private Passenger	<input type="checkbox"/> 20,001- 45,000 lbs				
Loss Payee:			Additional Insured:		
Name			Name		
Address			Address		
City	State	Zip	City	State	Zip

Vehicle # _____ (Check One Only) Full Coverage Liability Only Comprehensive Only

Year	Make	Model			Cost New
VIN				Deductibles: Comprehensive/Collision \$ _____ / \$ _____	
Garaging Location					
Vehicle Usage		Vehicle Weight		Additional Coverages:	
<input type="checkbox"/> Commercial	<input type="checkbox"/> 0-10,000 lbs			<input type="checkbox"/> Rental Reimbursement	\$ _____ Per Day / _____ Days
<input type="checkbox"/> Service	<input type="checkbox"/> 10,001-20,000 lbs			<input type="checkbox"/> Towing (Private Passenger Only)	\$ _____ /Conveyance
<input type="checkbox"/> Private Passenger	<input type="checkbox"/> 20,001- 45,000 lbs				
Loss Payee:			Additional Insured:		
Name			Name		
Address			Address		
City	State	Zip	City	State	Zip