

**Application For Convenience Stores or
Automobile Service or Repair Stations**

See below and check one:

- Convenience Store with gasoline (or related product) with Full or Self service pump sales and including car washes in connection therewith. Not including automobile service stations or repair garages.
- Automobile Service Stations or Repair Garages with or without gasoline or related product pump sales, with or without a convenience store and with or without a car wash in connection therewith.

Producer Information:

Name: _____ Agency No: _____

Status of Submission: Quote Issue Date _____ Is Coverage Bound? Yes / No
If yes, please note the following: (1) Coverage must be within Company guidelines; and (2) Any risk with cooking must be inspected and approved by underwriting prior to binding.

General Information : Applicant

Applicant's Name : _____

Trade Name or d/b/a : _____

Mailing Address: _____ City _____ State _____ Zip _____

Check One: Individual Partnership Corporation

Inspection Contact Name: _____ Tele.#: _____

Location of Premises : _____ City _____ State _____ Zip _____

Additional Location : _____

Check One: Owner Tenant Other, Explain _____

Year Built: _____ Total Sq. Feet: _____ Total Receipts: _____

Exposures within 100': N: _____ S: _____ E: _____ W: _____

Within City Limits: Yes / No

Is there any area leased to others by the Applicant? Yes / No

If yes, explain _____

Years in business: _____ Years in business at current location: _____

Years of experience: _____ Previous management experience: _____

Explain: _____

Type of operation: _____

Other Occupancies in building: Yes No If yes, explain: _____

Coverage Information : Property Standard Deluxe Excluding Theft

<u>Loc. No.</u>	<u>Item Bldg.</u>	<u>Amt. Of Ins. For Each</u>	<u>Valuation ACV/RC</u>	<u>Ded. Amount</u>	<u>Const. Of Bldg.</u>	<u>Protection Class</u>
	<u>Cts.</u>					
	<u>Bldg.</u>					
	<u>Cts.</u>					

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If yes, advise: Is there a fire suppression system over cooking appliances? _____

Type of System: _____

Are there any fuel service bays on premises? _____ If yes, number of pumps? _____

Who owns pumps? _____ Who owns tank? _____

NOTE: Upon issuance, your policy and its subsequent renewal certificates do not cover defense costs or any liability with respect to the pollution hazard associated with underground or above-ground tanks as described in BP-200 Exclusion 9.

Is there any LP.G. distribution? _____ If yes, are all pre-filled containers properly enclosed? _____

Are customer's cylinders filled on premises also? _____ If yes, are they only filled by certified employees? _____

NOTE: LP.G. installations must meet NFPA standards.

Is there any alarm on premises? _____ If yes, advise type: Central Station Local

Is there a drop safe? _____ How often are deposits made? _____

Is the attendant protected by: Panic Button T.V. Camera Other or Unprotected

Are "No Loitering" and "No Smoking" signs in place? _____ Are they enforced? _____

Where are the restrooms located? Inside Outside and are kept Locked Unlocked

Have employees been instructed in proper procedures in event of an emergency; i.e., fire, burglary, robbery, injury, power outage, or other emergency? _____

Are the premises well lit? _____ Are exterior windows clear of obstructions that may affect vision from street? _____

Is the parking lot paved and well-maintained? _____ Is snow removal done on contract basis? _____
If not, explain _____

If Liquor Liability is to be added, answer questions below: (NOTE: Not available in PA or CT)

Present Liquor Liability Company _____

Liquor License Number _____ % of Total Sales _____

List any liquor citation or revocation in the past 60 months, date and amount of fine

Do employees have guidelines for recognition of intoxication persons and how to handle the situation ?

Is positive ID checked on all alcoholic purchases? ____ Has the insured had any losses in past 60 months

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IF THIS RISK IS AN AUTOMOBILE REPAIR STATION OR AUTOMOBILE SERVICE STATION,
PLEASE COMPLETE THE FOLLOWING:

- ◆ Is the applicant a member of any professional trade association? _____
If yes, what associations _____
- ◆ Are all mechanics certified? _____ By whom? _____
- ◆ Is motor vehicle inspection service conducted? _____
If yes, are all inspectors licensed? _____
- ◆ Is there any body work or spray painting? _____
- ◆ If yes, is the spray booth U.L. listed and does it meet NFPA Standards? _____
- ◆ Is there any modification of vehicles? _____
- ◆ Is there any engine or transmission rebuilding? _____
- ◆ Is there any specializing in high valued automobiles? _____
- ◆ Is there any work done on vehicles over 20,000 G.V.W.? _____
- ◆ Is there a final inspection procedure before releasing to a customer? _____
- ◆ Is there any work on recreational vehicles? _____
- ◆ Is there any auto sales? _____ If yes, number of vehicles per year? _____
- ◆ Is there any tire sales or service? _____
- ◆ Is there any rental of vehicles or equipment? _____
- ◆ Is there any rental operation conducted from premises? i.e., U-Haul, Ryder, Penske _____
- ◆ Is there any tow truck operation? _____
- ◆ Is there any work subbed out to other shops? _____
If yes, does applicant get up-to-date Certificates of Insurance? _____
- ◆ During non-working hours, are the vehicles kept in a designated area? _____
- ◆ If yes, is it fenced and locked? _____
- ◆ Are any vehicles parked on the street or off the premises? _____
- ◆ What would be the average number of customers' vehicles waiting for service, at any time? _____
- ◆ Does the applicant have dealer plates or intend to become a dealer in the future? _____
- ◆ Does the operation sponsor any athletic sporting team, vehicle, or events? _____
If yes, explain _____

List the drivers' information for all (owners and employees) below: **(REQUIRED)**

Name	Date of Birth	License No. & State	Duties

Past 3 Years Loss History:

Company	Policy No.	Date of Loss	Type of Loss	Amount Paid

Has any policy canceled or non-renewed in past 3 years? _____

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FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files a 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 (Ohio).

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (New York).

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 thereof commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (Pennsylvania Only).

Agent's Signature

Date

Applicant's Signature

Date