

Service Station Questionnaire

New Renewal Rewrite

Applicant Information

Named Insured		Fed ID Number	
DBA		Producers Name & Address	
Mailing Address			
City, State, Zip and County			
Proposed Term _____ to _____ <input type="checkbox"/> Bound <input type="checkbox"/> Not Bound	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC	Telephone Number	Inspection Contact Name

Description of Operation

<input type="checkbox"/> Gasoline - Brand _____ <input type="checkbox"/> Full Self <input type="checkbox"/> Auto Body <input type="checkbox"/> Mini-mart <input type="checkbox"/> Carwash <input type="checkbox"/> Repairs <input type="checkbox"/> Propane Sales <input type="checkbox"/> Other _____	Hours of Operation _____ to _____ <input type="checkbox"/> 24 Hour	Years Experience _____ Yrs. at Location _____	Breakdown of ANNUAL Sales / Gallons				
			Gas (gal)		Repair (\$)		
			Mini-mart (\$)		Car Wash (\$)		
			Liquor (\$)		Restaurant/Deli (\$)		
			Propane (gal)		Other (\$)		
Location #							
Address	Building Is	Construction	Prop Terr.	Fire Dist.	Prot. Class	Bldg Age	Sq. Ft.
City, ST Zip	<input type="checkbox"/> Owned <input type="checkbox"/> Leased						
Property Deductible <input type="checkbox"/>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other _____		<input type="checkbox"/> Broad Form Property Endt. Requested				
Building #1 <input type="checkbox"/> Theft <input type="checkbox"/> X-Theft	\$	Gasoline	\$				
Building #2 (Occupancy) _____	\$	Car Wash Equipment	\$				
<input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value		Glass Coverage # of Bays__	\$			<input type="checkbox"/> 100 <input type="checkbox"/> 250	
Contents	\$	Vehicle Building Damage	\$			\$500	
Pumps	\$	Accounts Receivable	\$				
Tanks	\$	Employee Tools					
Canopy	\$	EDP Coverage					
Hoses & Nozzles	\$	I.M. Leased Property Floater					
Signs <input type="checkbox"/> Attached <input type="checkbox"/> Unattached	\$ \$	<input type="checkbox"/> Legal Liability <input type="checkbox"/> Fire Legal Liability	\$				
Bus. Income (Check) <input type="checkbox"/> Ext Expense <input type="checkbox"/> Off Prem. Ext. <input type="checkbox"/> O.H. Power <input type="checkbox"/> Comm. Supp <input type="checkbox"/> Power & Water	\$ <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	Robbery Inside Robbery Outside Safe Burglary Employee Dishonesty (# of EE's)	\$ \$ \$ \$				Deductible \$
General Liability Limit	Aggregate Limit		Liability Deductible	Liquor Liability		<input type="checkbox"/> Hired Auto	
<input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	<input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X		<input type="checkbox"/> 500 <input type="checkbox"/> 1000	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Non-Owned Auto	
Garage Keepers Limit	Garage Keepers Type		Comp Ded.		Coll Ded.		
\$	<input type="checkbox"/> Legal <input type="checkbox"/> Excess <input type="checkbox"/> Primary		<input type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,000		<input type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,000		

Insurance Policy History

Policy Term	Company	Policy Number	Premium
Date of Loss	Description of Loss		Paid/Reserve

Additional Interests

1. Name & Address of Additional Interest	<input type="checkbox"/> Owner of Premise <input type="checkbox"/> Addtl. Insd. - Lessor <input type="checkbox"/> Loss Payee <input type="checkbox"/> Addtl Insd. - Auto	<input type="checkbox"/> Addtl Insd. - Franchisor <input type="checkbox"/> Mortgagee <input type="checkbox"/> Addl. Insd. - Leased Equipment _____ _____
2.	<input type="checkbox"/> Owner of Premise <input type="checkbox"/> Addtl. Insd. - Lessor <input type="checkbox"/> Loss Payee <input type="checkbox"/> Addtl Insd. - Auto	<input type="checkbox"/> Addtl Insd. - Franchisor <input type="checkbox"/> Mortgagee <input type="checkbox"/> Addl. Insd. - Leased Equipment _____ _____

Underwriting Information - Only complete those sections that apply to the account

General Operations - Must be completed				Hours of Operation: _____ to _____	<input type="checkbox"/> 24 Hours
a. If building is 25 years or older, provide dates of last electrical, plumbing, and roofing updates to building. MONTH/YEAR _____/_____					
	Yes	No	Question		
1.	<input type="checkbox"/>	<input type="checkbox"/>	Any policy cancelled or non-renewed during the past 3 years? If yes, please explain in cover letter.		
2.			Number of fire extinguishers _____. Service within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	<input type="checkbox"/>	<input type="checkbox"/>	Any cracks or broken pavement?		
4.	<input type="checkbox"/>	<input type="checkbox"/>	Any guard dogs on premise?		
5.	<input type="checkbox"/>	<input type="checkbox"/>	Age of Underground Storage Tanks? _____ If over 10 years old, provide details about updates.		
6.	<input type="checkbox"/>	<input type="checkbox"/>	Any firearms on premise?		
7.	<input type="checkbox"/>	<input type="checkbox"/>	Is the applicant within one to five miles of the ocean? If yes, need distance to ocean, bay or tributary. _____		
8.	<input type="checkbox"/>	<input type="checkbox"/>	a. Does the applicant or others operate any other business on premise? If yes, describe operations _____ b. Does the applicant operate any other business operations under the named insured which we are not insuring? If yes, provide details _____		

	Yes	No	Question
9.	<input type="checkbox"/>	<input type="checkbox"/>	Does tenant have insurance providing limits equal to our insured and naming our insured as additional insured? IF NO, RISK IS INELIGIBLE. Provide tenant's insurance company _____, limits of liability _____, fire legal liability limit _____, Lessor shown as additional insured on tenant's policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/>	<input type="checkbox"/>	Is business auto coverage required? If so, complete Business Auto Acord Application and include with submission.
11.	<input type="checkbox"/>	<input type="checkbox"/>	Does the applicant <input type="checkbox"/> refill LPG tanks or <input type="checkbox"/> bottle exchange? If refill, complete the LPG supplemental application . If bottle exchange, who is the provider? _____
12.	<input type="checkbox"/>	<input type="checkbox"/>	Does the applicant rent trucks (Ryder, U-Haul)? If yes, please explain in cover letter.
13.	<input type="checkbox"/>	<input type="checkbox"/>	Do diesel receipts exceed 15% of total gas sales? (If yes, complete Truck Stop Supplemental Application)
14.	<input type="checkbox"/>	<input type="checkbox"/>	Does the applicant operate tow trucks? If yes, how many? _____ (Complete Tow Truck Supplemental Appl.)
15.			What is the distance to nearest paid fire department?
16.			What is the distance to nearest fire hydrant?
17.			Are there any of the following exposures? If yes, please provide details and annual sales.
	<input type="checkbox"/>	<input type="checkbox"/>	Check Cashing Operations Details Annual Sales
	<input type="checkbox"/>	<input type="checkbox"/>	Money Order Sales Details Annual Sales
	<input type="checkbox"/>	<input type="checkbox"/>	Western Union Service Details Annual Sales

Service Station with Repair and Auto Repair Garages - Complete only if applicant repairs or services vehicles

18.	<input type="checkbox"/>	<input type="checkbox"/>	Does the applicant do body work or spray painting? (If yes, complete the body shop supplemental application)
19.	<input type="checkbox"/>	<input type="checkbox"/>	Are mechanics certified? Is yes, by whom _____ How many are certified? _____
20.	<input type="checkbox"/>	<input type="checkbox"/>	Does the applicant modify vehicles (e.g. Sunroofs, Conversions)?
21.	<input type="checkbox"/>	<input type="checkbox"/>	Any repair of trucks in excess of 20,000 GVW? If yes, provide largest truck in GVW _____.
22.	<input type="checkbox"/>	<input type="checkbox"/>	Does the applicant rebuild engines or transmissions? If yes, how many a year? _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	Does the applicant sell new, used, or recapped tires? If YES , list annual sales - NEW \$_____, USED \$_____, RECAPPED \$_____. If any used and/or recapped tire sales - RISK IS NOT ELIGIBLE.
24.	<input type="checkbox"/>	<input type="checkbox"/>	Does the applicant work on high value sports cars or RV's? If yes, provide details in cover letter.
25.	<input type="checkbox"/>	<input type="checkbox"/>	Are used shop towels and all flammables stored in approved metal containers?
26.	<input type="checkbox"/>	<input type="checkbox"/>	Any vehicles stored outside during non-working hours that are not enclosed by a locked 6-foot fence?
27.			Avg. # of customer's vehicles stored on the premise: During working hours _____ During non-working hours _____
28.	<input type="checkbox"/>	<input type="checkbox"/>	Is there any off-premise or street parking of customer's vehicles?
29.			Are final inspections and road tests done by <input type="checkbox"/> Supervisor <input type="checkbox"/> Technicians (Are they documented?) <input type="checkbox"/> Yes <input type="checkbox"/> No

Quick Lube Account - Complete only if account is considered a Quick Lube

30.			Does the account have "Pits" or does the account utilize Lifts to change the oil?
31.	<input type="checkbox"/>	<input type="checkbox"/>	If the accounts has "Pits", are nets present over the "Pits"
32.	<input type="checkbox"/>	<input type="checkbox"/>	If the account has "Pits", are fire extinguishers present above and below?
33.	<input type="checkbox"/>	<input type="checkbox"/>	Do the customers drive their own vehicles into/out of bays?
34.	<input type="checkbox"/>	<input type="checkbox"/>	Does a above average customer waiting area exist on this account?
35.	<input type="checkbox"/>	<input type="checkbox"/>	Are there signs stating "No customer access in work areas"?

Crime General - Must be completed

	Yes	No	Question
36.	<input type="checkbox"/>	<input type="checkbox"/>	Is there an alarm system? If yes, please indicate what type <input type="checkbox"/> Local <input type="checkbox"/> Central Station Served by _____
37.	<input type="checkbox"/>	<input type="checkbox"/>	Do all exterior doors have double cylinder deadbolts? If No, please explain. _____
38.	<input type="checkbox"/>	<input type="checkbox"/>	Are receipts taken home at night? If yes, describe protection _____

Crime - Service Stations - Complete only if Service Station exposure exists

39.			Restrooms are located <input type="checkbox"/> Inside <input type="checkbox"/> Outside and are kept <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked
40.	<input type="checkbox"/>	<input type="checkbox"/>	Does this location have security bars on the doors and windows?
41.			The attendant is protected by: <input type="checkbox"/> TV Camera <input type="checkbox"/> Cash Drawer <input type="checkbox"/> Panic Button <input type="checkbox"/> Bullet Resistant Glass <input type="checkbox"/> Unprotected
42.	<input type="checkbox"/>	<input type="checkbox"/>	Does city police regularly patrol the neighborhood?
43.	<input type="checkbox"/>	<input type="checkbox"/>	Are drop safes used with signs posted to this effect? Explain if "No". _____
44.	<input type="checkbox"/>	<input type="checkbox"/>	Are deposits made daily including weekends? Explain if "No". _____

Liquor Liability - Complete only if applicant sells liquor

45.	<input type="checkbox"/>	<input type="checkbox"/>	Does the applicant sell any liquor other than beer, ale and wine? If yes indicate sales of hard liquor \$ _____
46.	<input type="checkbox"/>	<input type="checkbox"/>	Has the applicant's liquor license ever been suspended or revoked?
47.	<input type="checkbox"/>	<input type="checkbox"/>	Have all employees been trained on the sale of alcohol including how to handle intoxicated customers and minors?
48.	<input type="checkbox"/>	<input type="checkbox"/>	Are signs displayed on premise prohibiting the on-premise consumption of alcoholic beverages? Explain if "No". _____

Car Wash - Complete only if accounts has a Car Wash

49.			Is Car Wash: <input type="checkbox"/> Full Service or <input type="checkbox"/> Self Service (If Full Service, Complete Full Service Supplemental Application)
50.			Type of Car Wash: <input type="checkbox"/> Brush <input type="checkbox"/> Brushless <input type="checkbox"/> Wand
51.	<input type="checkbox"/>	<input type="checkbox"/>	Are physical barriers erected & signs posted to prohibit foot traffic to wash area?
52.	<input type="checkbox"/>	<input type="checkbox"/>	Do the employees have clear visibility of wash area and are trained to shut off the wash if foot traffic is observed?
53.			How often does OWNER inspect the car wash equipment? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Semi-Annually
54.			How often does MANUFACTURER inspect the car wash equipment? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Semi-Annually

ATM's - Complete only if account has ATMs

55.	<input type="checkbox"/>	<input type="checkbox"/>	Does the applicant have a ATM on the premise?
56.			Where is the ATM located? <input type="checkbox"/> Inside <input type="checkbox"/> Outside (If outside, is there adequate lighting?) <input type="checkbox"/> Yes <input type="checkbox"/> No
57.	<input type="checkbox"/>	<input type="checkbox"/>	Does the insured own/lease the machine? If yes, who is responsible for placing cash in the machine? _____
58.	<input type="checkbox"/>	<input type="checkbox"/>	If the owner of the business is responsible for placement of cash in the machine, how much cash is placed in the machine? \$ _____

Cooking - Complete only if cooking or deli operation exists

	Yes	No	Question
59.	<input type="checkbox"/>	<input type="checkbox"/>	Is there a restaurant or other cooking exposure on the premise?
60.	<input type="checkbox"/>	<input type="checkbox"/>	Type of Cooking (check all that apply): <input type="checkbox"/> Open Flame <input type="checkbox"/> Deep Fat Frying <input type="checkbox"/> Deli Pizza <input type="checkbox"/> Ovens
61.	<input type="checkbox"/>	<input type="checkbox"/>	A. Provide date of last service to ansul fire suppression system. MONTH/YEAR _____/_____ B. Does insured have a service maintenance contract in place to have vent-a-hood system cleaned by outside contractor every 6 months? IF NO, DECLINE.
62.	<input type="checkbox"/>	<input type="checkbox"/>	Is the building equipped with a fully operational sprinkler system?

Drivers Information - Only needed for accounts with owned auto's or repair/service exposure

List Owners and Employees	Date of Birth	License Number and State	Duties

Attach Employee Information Form if additional information is needed.

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

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents and warrants that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

***Electronic Signature and Acceptance**

Producer Information:

Producer Name (Printed)

Producer Signature*

Agency Name

Date

License Number

***Electronic Signature and Acceptance**

* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV - see Additional Fraud Notices attached hereto for these States).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: 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 fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.