

GAS STATION / CONVENIENCE /GROCERY STORE APPLICATION

Applicant Name:

Agent's Name:

Mailing Address:

Mailing Address:

Location Address:

Proposed Effective Date:

From: 12:01 A.M. Standard Time at
To: the address of the Applicant

Bankruptcy - Within the last 5 years, were there any pending or planned bankruptcies or
judgements for unpaid taxes against you, or your majority partner?

Yes No

Receivership – Within the last 5 years, has the property undergone or are there any plans for
the property to undergo receivership?

Yes No

FEIN:

Inspections and Audit Information:

Contact Name:

Title:

Phone Number:

Website:

Description of Operations:

of Years in Business:

SUBMISSION REQUIREMENTS

- Fully completed, Insured signed & dated ACORD application
- 5 years of currently valued carrier issued Loss Runs (of all locations to be insured)
- Copy of the contract with Lessee or Subcontractor

SECTION I – RISK PROFILE

- 1) Has the Applicant maintained Commercial General Liability coverage for the past 5 years? Yes No
- 2) Is the gas station part of a franchise or chain? Yes No
- 3) Does the Applicant allow customers to refill LPG Tanks themselves? Yes No
- 4) Does the Applicant provide towing services? Yes No
- 5) Does the Applicant sell fireworks? Yes No

6) Does the Applicant sell firearms or ammunition on the premises? Yes No

7) Are IDs checked to verify the age of patrons prior to the sale of tobacco? Yes No

8) Does the Applicant lease out any part of the property to others? Yes No
If Yes:

- a. Confirm tenant, operations/occupancy, and sq ft of space leased:
- b. Does the Applicant have written lease agreements with all tenants? Yes No

9) Is there any residential/habitational exposure on the premises? Yes No

SECTION II – LOCATION INFORMATION

10) Name (if applicable) and Address of each Location to be insured:

| Loc # | NAME/ADDRESS |
|-------|--------------|
| 1 | |
| 2 | |
| 3 | |

SECTION III – OPERATIONS INFORMATION

11) Estimated Exposures for the next 12 months:

***Describe Other Sales:**

12) What are the Applicant's hours of operations?

13) Check off which Gasoline Pump Service below is part of the Applicant's operations:

Full Service Only

Self Service Only

Both Full & Self Service

- a. If full service, does the Applicant require training for all employees who pump gas or check oil? Yes No
- b. Are all pumps equipped with automatic shut-off capability? Yes No
- c. Are all pumps protected by concrete/steel barriers to prevent contact and collision from Vehicles? Yes No
- d. What is the number, age, type and condition of the gasoline dispensing equipment:
- e. Are the gas storage tanks equipped with a tank monitoring system (TMS)? Yes No

14) Does the Applicant have LPG Tank Sales? Yes No

a. If Yes, which type:

Refill by Employee

Swap/Exchange

b. If LPG Tanks are refilled:

- i. Are only properly trained employees permitted refill the tanks? Yes No
- i.i. Are routine tank inspections conducted to check for corrosion, broken fittings, leaks, and any malfunctioning of the equipment? Yes No
- i.ii. Are there protective barriers all around the LPG Tanks and tank storage boxes? Yes No

15) Check off which Retail Services are part of the Applicant's operations:

ATM Check Cashing Drive-Thru Gaming/Lottery Machines Lottery Sales-Over-the- Counter
Toy/Automobile Accessory Sales

SECTION IV – FIRE & LIFE SAFETY

- 16) Does the Applicant comply with all the mandatory state and local octane testing programs? Yes No
- 17) Does the building have a central station **fire** alarm? Yes No
- 18) Is the building equipped with smoke detectors? Yes No
- 19) Is the building equipped with a fire suppression system? Yes No
If Yes, describe:

- 20) What percentage of the buildings are sprinklered? %
- 21) Are the premises equipped with portable fire extinguishers? Yes No
If Yes, are fire extinguishers inspected and tagged annually? Yes No
- 22) Are "No Smoking" signs clearly posted in all fuel dispensing or storage areas? Yes No
- 23) Are "No Loitering" signs clearly posted? Yes No
- 24) Does the building have a central station **burglar** alarm? Yes No
- 25) Is the property well illuminated inside and outdoor (parking, pumping station, etc.)? Yes No
- 26) Is there a formal evacuation plan in place? Yes No
- 27) Are exits clearly marked and unobstructed? Yes No
- 28) Are there at least two means of egress? Yes No
- 29) Are the facilities Americans with Disability Act (ADA) compliant? Yes No
- 30) Are there any external entry bathrooms? Yes No

SECTION V – MAINTENANCE

- 31) Does the Applicant have a full-time maintenance staff? Yes No

32) **Please confirm the type of maintenance, service and repair performed by the Applicant (Direct) or subcontracted (Subbed).**

NOTE: Direct is a percentage of total direct payroll and Subbed is a percentage of total subcontractor cost.

| Type | Direct | Subbed |
|-------------------------------|--------|--------|
| Snow & Ice Removal | % | % |
| Janitorial/Cleaning Services | % | % |
| General Maintenance & Repairs | % | % |
| Landscaping | % | % |
| Other: | % | % |

| | | |
|---|-----|----|
| 33) Does the Applicant have written procedures for routine inspections of the premises to identify and address potential liability hazards? | Yes | No |
| If Yes, are records of the completed inspections and repairs retained for at least five years? | Yes | No |
| 34) Are there any construction projects planned for the upcoming policy term? | Yes | No |
| If Yes, provide full details of project, location, total costs, payroll, and sub costs: | | |
| a. Will the construction be subbed out? | Yes | No |
| b. Are signs clearly posted to warn the third party of construction and/or during routine Maintenance? | Yes | No |

SECTION VI – PREMISE SECURITY

| | | |
|---|------------------------------------|---------------------------|
| 35) Are there surveillance cameras on the premises? | Yes | No |
| 36) Description of site security (please check off all that apply): | | |
| Employees | Independent Security Guard Service | Off-Duty Uniformed Police |
| Armed | Unarmed | |

Describe security duties and training:

| | | |
|--|-----|----|
| 37) Does the Applicant conduct criminal background checks and reference checks for all Employees, Volunteers, and Independent Contractors? | Yes | No |
| If Yes, what is your criteria for declining or discontinuing employment? | | |
| 38) Are any dogs on the premises? | Yes | No |
| 39) Are firearms permitted on the premises? | Yes | No |
| 40) Within the past 5 years, have there been any incidents at the location where the police were called to respond? | Yes | No |
| If Yes, explain: | | |

SECTION VII – RISK TRANSFER

| | | |
|---|-----|----|
| 41) Does the Applicant secure written contracts with all subcontractors, security guard service, and/or tenants? | Yes | No |
| If Yes, Does the contract require them to: | | |
| a. Carry \$1,000,000 Occurrence/\$2,000,000 General Aggregate Limits in General Liability coverage or greater? | Yes | No |
| b. Name the Applicant as an Additional Insured? | Yes | No |
| c. Defend, indemnify and hold the Applicant harmless? | Yes | No |
| d. Maintain Workers Compensation insurance (if not a tenant)? | Yes | No |

SECTION VIII – RESTAURANT/KITCHEN OPERATIONS

N/A

| | | |
|---|-----|----|
| 42) Is the restaurant/cooking facilities owned and operated by the Applicant? | Yes | No |
|---|-----|----|

43) Any citations for violations by the state or federal food or health inspection agencies? Yes No

44) Indicate type of cooking or preparation conducted:

Grill Fryer Oven Microwave Deli Snack Bar/Prepared Foods

45) Do the ventilation control and fire suppression systems comply with the UL-300 and/or National Fire Protection Association (96) guidelines? Yes No

- a. Is there an automatic fuel shut-off provided? Yes No
- b. Are automatic extinguishing systems serviced no less than every 6 months? Yes No
- c. Is there a maintenance contract to the duct system? Yes No
- d. Are hoods and ducts cleaned as necessary by a contracted third party? Yes No

Cleaning schedule: Monthly Quarterly Semi-annually

SECTION IX – CAR WASH OPERATIONS

N/A

46) Type of car wash (check all that apply)

Self-Service Automatic Conveyor-type Manually Provided by Employee

47) What are the # of bays?

48) Are barriers in place and signs posted to prevent foot traffic in the wash tunnel? Yes No

49) Is there an inspection and maintenance schedule in place for the equipment/machines? Yes No

50) Does the Applicant require that all employees who operate a customer's vehicle have a valid driver's license? Yes No

51) Does the Applicant offer off-site cleaning services? Yes No

SECTION X – AUTO REPAIR SERVICES

N/A

52) Does the Applicant perform any major auto repairs (mechanical, cosmetic or body work, etc.)? Yes No

53) What are the # of bays?

54) Are customer cars ever left on the premises overnight? Yes No

55) Are customers ever allowed access to the repair area? Yes No

56) Are "Employee Only" signs clearly posted outside all areas from which non-employees are prohibited? Yes No

57) Is there a designated waiting area for customers? Yes No

58) Are used shop cloths/towels and all flammables stored in approved metal containers? Yes No

59) Are nets present over the lube pits? Yes No

60) Does the Applicant sell tires? Yes No

If Yes, how are the tires stored?

LIQUOR LIABILITY APPLICATION

N/A

(Please complete the following sections only if you are requesting a quote for LIQUOR LIABILITY INSURANCE)

SECTION XI – COVERAGE INFORMATION

61) Liquor Liability Limits Requested:

| | | |
|----|------------------------|-----------|
| \$ | Each Common Cause / \$ | Aggregate |
|----|------------------------|-----------|

62) Is Assault or Battery Coverage Needed?

Yes No

If Yes, indicate the desired limit:

| | | |
|----|------------------------|-----------|
| \$ | Each Common Cause / \$ | Aggregate |
|----|------------------------|-----------|

SECTION XIV – LOSS CONTROL

63) Are all employees serving or selling alcoholic beverages required to be certified by a formal alcohol training program?

Yes No

If Yes, describe (TIPS, TAM, ServSafe, etc.):

64) How often are employees serving or selling alcoholic beverages required to obtain recertification?

65) How frequently does the manager review applicable liquor liability laws (including penalties for serving intoxicated or underage customers) with employees?

Yes No

66) Is on premise consumption allowed?

Yes No

If Yes, describe the procedures for preventing the service or sale of alcohol to anyone under 21:

67) Prior to the sale or service of alcoholic beverages, are identification scanners used to confirm the age of every customer?

Yes No

SECTION XV – REGULATORY

68) Name on Liquor License:

Type of Liquor License:

69) Has the Applicant ever been assessed a fine for violation of law or ordinance related to illegal activities or the sale of alcohol?

Yes No

If Yes, provide details including steps taken since the violation to prevent future violations:

70) Has the Applicant's liquor license ever been suspended or revoked?

Yes No

If Yes, provide details:

SECTION VIII – LOSS HISTORY DETAILS

71) Describe any **General and/or Liquor Liability losses** (whether or not covered by insurance) claimed or sustained within the past five years including:

- Amounts paid or reserved for damages or expenses:
- Corrective actions implemented to prevent similar losses:

72) Describe any losses (whether or not covered by insurance) involving **Assault or Battery** claimed or sustained within the past five years including:

- Amounts paid or reserved for damages or expenses:
- Corrective actions implemented to prevent similar losses:

SECTION IX – CURRENT LIABILITY INSURANCE PROGRAM

73) Current Carrier:

Limits:

Deductible/SIR:

Rate:

Premium:

Fraud Notices

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. * Applies in FL only.

Applicable in KS: 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.

Applicable 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)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: 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 and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: 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.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.