



**Gas Station Application**

Date: \_\_\_\_\_

**Applicant Information**

Named Insured: \_\_\_\_\_ FEIN: \_\_\_\_\_

Trade Name (DBA): \_\_\_\_\_  
*Include Franchise Store Number*

Mailing Address: \_\_\_\_\_  
*Street Address City State Zip*

Physical Address: \_\_\_\_\_  
*Street Address City State Zip*

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Year Started: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ Gasoline Brand: \_\_\_\_\_

No. of Employees: \_\_\_\_\_ Estimated Annual Payroll: \$ \_\_\_\_\_  
*Full Time Part Time*

Have there been any losses in the last 5 years? YES  NO  Current Carrier: \_\_\_\_\_

Are you being non-renewed? YES  NO  Current Expiration Date: \_\_\_\_\_

**Exposures**

Convenience Store: \$ \_\_\_\_\_ Sales  Per Month  Per Year

Gasoline: \$ \_\_\_\_\_ Sales  Per Month  Per Year

Gasoline: \_\_\_\_\_ Gallons  Per Month  Per Year

LPG: \$ \_\_\_\_\_ Sales  Refill  Exchange

Liquor: % \_\_\_\_\_ Percentage of Store Sales  Per Month  Self Service

Car Wash: \$ \_\_\_\_\_ Sales  Per Year  Full Service

Auto Services: \$ \_\_\_\_\_ Sales  Per Month  Per Year

Restaurant: \$ \_\_\_\_\_ Sales  Per Month  Per Year

Other: \$ \_\_\_\_\_ Sales Describe: \_\_\_\_\_

**Property**

Own/Lease: \_\_\_\_\_ Construction Type: \_\_\_\_\_

Year Built: \_\_\_\_\_ Square Footage: \_\_\_\_\_

No. of Canopies: \_\_\_\_\_ Number of Pumps: \_\_\_\_\_

\* Submit 5-year Loss Runs; Copy of Current Policy; Non-Renewal Notice; Description of Claims