



BROKERING AGENT'S REGISTER NUMBER #:

(IMPORTANT: IN ORDER FOR COVERAGE TO BE BOUND ALL QUESTIONS MUST BE ANSWERED COMPLETELY BEFORE SUBMISSION AND INCLUDE TOTAL NET PREMIUM. IF ADDITIONAL SPACE IS NEEDED, USE ADDITIONAL APPLICATION. COVERAGE MAY ONLY BE BOUND BY THE BROKERING AGENT AFTER RECEIVING TELEPHONIC, ELECTRONIC OR FACSIMIL APPROVAL FROM THE INSURER.)

SERVICE STATION APPLICATION

NEW RENEWAL

Proposed Effective Date: _____ To _____ Policy Number: _____

Applicant/Insured:					
DBA:			Producers Name & Address:		
Address:					
City & State:		Zip:			
Inspection Contact:		Phone:			
Accounting Contact:		Phone:		Agent's 2-20 License #:	
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Prof Corp.	Years in Business: _____	
Location 1:	Street: _____	City & State: _____	County: _____	Zip: _____	
	Protection Class: _____	Construction: _____	Year Built: _____	Sq. Ft. _____	
Location 2:	Street: _____	City & State: _____	County: _____	Zip: _____	
	Protection Class: _____	Construction: _____	Year Built: _____	Sq. Ft. _____	

Property (Maximum, Combined Limit - \$500,000 per Location)

Coverage	Location 1		Location 2	
	Limits	Ded.	Limits	Ded.
Building 90% Coins. <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$		\$	
Contents 90% Coins. (Specified type of contents) *U.L. Central Station certificate required for theft	\$		\$	
Mini Market <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$		\$	
Hoses / Nozzles <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$		\$	
Car Wash <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$		\$	
Pumps <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$		\$	
Canopies <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$		\$	
Business Income <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$		\$	
Comprehensive Glass <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Bays:		No. of Bays:	
Crime (Specify)	<input type="checkbox"/> Inside	\$	<input type="checkbox"/> Inside	\$
	<input type="checkbox"/> Outside	\$	<input type="checkbox"/> Outside	\$
	<input type="checkbox"/> Safe	\$	<input type="checkbox"/> Safe	\$
Signed: <input type="checkbox"/> Attached <input type="checkbox"/> Outside	Signed Value: \$		Signed Value: \$	

Additional Information:

	<u>Location 1</u>	<u>Location 2</u>
1. Did you personally inspect the risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Describe condition of location (Good, Fair, Poor)	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
3. Describe housekeeping (Good, Fair, Poor)	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
4. Number of Fire Extinguishers		
5. Ext. Serviced w/1 - 12 MO's	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is location inside the city limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is location Brush or Forest exposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is location less than 1,000 ocean beach area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is there a hydrant within 1,000 ft. of location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

10.	Is there a Fire Department within 3 miles of location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Are there any cracked or broken pavements at location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Is location located in a high crime area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Is location located in a well travel street?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Is location located at a regularly patrol street?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Is location well lighted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Does location have a panic button?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Does location have a central station alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Does location have a local alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Drop safe used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Please describe any other protection:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Does the applicant rent, lease or loan vehicles to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Does the applicant sponsor or own racing equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Does the applicant sponsor athletic team's events?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Is there any handling of propane at location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Is there any service bays rented to other?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Is there any cooking on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Are premises fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Additional Information:		

Remark:

Prior Carrier Information:				
	Years	Years	Years	Years
Carrier				
Policy Number				
Limits				
Total Premium				

Loss History:

(Enter all claims or occurrences that might rise to claims for the prior 3 years)

Check here if none

Date of Occurrence	Type of Occurrence	Amount Paid	Claims Open	
			<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 agree that if my down payment or full payment check is uncollectible due to a returned check because of insufficient funds or any other form of dishonored payment including but not limited to an electronic transaction, coverage will be void or null from inception.

This application is in compliance with Florida Statute 626.752. A copy has been furnished to the applicant or insured and coverage is
 Bound Effective 12.01 am _____ (Date) _____ (Not Bound)

On this application, Florida Statute 627.409 states: "A misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the contract or policy..."

Any person who knowingly and with intent to injure, defraud, or deceive any insurer file a statement of claim or an application containing any false, incomplete or misleading information is guilty of a **FELONY** of third degree.

I agree and understand that this application will be made part of the policy when issued.

I understand this application is not a binder indicated as such on this form by the Brokering Agent.

Insured's Signature

Agent's Signature

Date