



## 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, UNSE 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) <b>*U.L. Central Station certificate required for theft</b>	\$		\$	
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:

- |  |   |   |
|--|---|---|
|  | Location 1  | Location 2  |
| 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                       |   |   |
| 6. Is location inside the city limits?               |   |   |
| 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?  Yes  No  Yes  No
11. Are there any cracked or broken pavements at location?  Yes  No  Yes  No
12. Is location located in a high crime area?  Yes  No  Yes  No
13. Is location located in a well travel street?  Yes  No  Yes  No
14. Is location located at a regularly patrol street?  Yes  No  Yes  No
15. Is location well lighted?  Yes  No  Yes  No
16. Does location have a panic button?  Yes  No  Yes  No
17. Does location have a central station alarm?  Yes  No  Yes  No
18. Does location have a local alarm?  Yes  No  Yes  No
19. Drop safe used?  Yes  No  Yes  No
20. Please describe any other protection:  Yes  No  Yes  No
21. Does the applicant rent, lease or loan vehicles to others?  Yes  No  Yes  No
22. Does the applicant sponsor or own racing equipment?  Yes  No  Yes  No
21. Does the applicant sponsor athletic team's events?  Yes  No  Yes  No
22. Is there any handling of propane at location?  Yes  No  Yes  No
23. Is there any service bays rented to other?  Yes  No  Yes  No
24. Is there any cooking on premises?  Yes  No  Yes  No
25. Are premises fenced?  Yes  No  Yes  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

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