

**Application For Convenience Stores or  
Automobile Service or Repair Stations**

See below and check one:

- Convenience Store with gasoline (or related product) with Full or Self service pump sales and including car washes in connection therewith. Not including automobile service stations or repair garages.
- Automobile Service Stations or Repair Garages with or without gasoline or related product pump sales, with or without a convenience store and with or without a car wash in connection therewith.

**Producer Information:**

Name: \_\_\_\_\_ Agency No: \_\_\_\_\_

**Status of Submission:**  Quote  Issue Date \_\_\_\_\_ Is Coverage Bound?  Yes /  No  
If yes, please note the following: (1) Coverage must be within Company guidelines; and (2) Any risk with cooking must be inspected and approved by underwriting prior to binding.

**General Information : Applicant**

Applicant's Name : \_\_\_\_\_  
 Trade Name or d/b/a : \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Check One:  Individual  Partnership  Corporation  
 Inspection Contact Name: \_\_\_\_\_ Tele.#: \_\_\_\_\_  
 Location of Premises : \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Additional Location : \_\_\_\_\_  
 Check One:  Owner  Tenant  Other, Explain \_\_\_\_\_  
 Year Built: \_\_\_\_\_ Total Sq. Feet: \_\_\_\_\_ Total Receipts: \_\_\_\_\_  
 Exposures within 100': N: \_\_\_\_\_ S: \_\_\_\_\_ E: \_\_\_\_\_ W: \_\_\_\_\_  
 Within City Limits:  Yes /  No  
 Is there any area leased to others by the Applicant?  Yes /  No  
 If yes, explain \_\_\_\_\_

Years in business: \_\_\_\_\_ Years in business at current location: \_\_\_\_\_  
 Years of experience: \_\_\_\_\_ Previous management experience: \_\_\_\_\_  
 Explain: \_\_\_\_\_

Type of operation: \_\_\_\_\_  
 Other Occupancies in building:  Yes  No If yes, explain: \_\_\_\_\_

**Coverage Information : Property**  Standard  Deluxe  Excluding Theft

<u>Loc. No.</u>	<u>Item Bldg.</u>	<u>Amt. Of Ins. For Each</u>	<u>Valuation ACV/RC</u>	<u>Ded. Amount</u>	<u>Const. Of Bldg.</u>	<u>Protection Class</u>
	<u>Cts.</u>					
	<u>Bldg.</u>					
	<u>Cts.</u>					

**UTICA FIRST INSURANCE COMPANY**

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**Miscellaneous Optional Coverages** (Check if Yes)

- Maximizer Opt. # \_\_\_\_\_
- Earthquake
- Leased Property
- Addt'l Bus. Interruption Coverage
- Systems Breakdown
- Employee Tools
- Computer Coverage (Limit \$ \_\_\_\_\_)
- Garage Tools & Equip. (Included in Contents)

Use this space to explain any "Yes" or Checked answers; i.e., limits, deductibles, property definition or definition or other comments: \_\_\_\_\_

**Coverage Information: Liability Number of Employees: \_\_\_\_\_ Full-time / \_\_\_\_\_ Part-time**

- General Liability:  \$300,000  \$500,000  \$1,000,000  Other
- Medical Payments: New York  \$1,000  \$5,000 (Other states standard)

**Miscellaneous Optional Coverages:**

- PD ded. other than \$250 which is mandatory for Auto Service Stations, Auto Repair or Auto Car Wash exposure. Amount \$ \_\_\_\_\_
- Personal and Advertising Injury Liability (Included on Garage Program)
- Liquor Liability - New York and Ohio only.
- Fire Legal Liability\* Check for Amount other than \$50,000
  - \$250,000  \$500,000  Other

\* Any risk with cooking would be limited to \$100,000 maximum.

- Non-Owned/Hired Automobile Liability (Mandatory on Garage Program)  
(Not Available on Convenience Store Program - see UFEE)
- Other, explain: \_\_\_\_\_

**Garage Keepers Coverage:**

- Limit:  Direct  Legal Liability Check those that apply
- \$ \_\_\_\_\_ Deductible: Comprehensive :  \$250  \$500
- Collision :  \$500

**Underwriting Information:**

Type of Operation (% of Total Sales): Fuel \_\_\_\_\_ Tobacco Products \_\_\_\_\_

Video (Sales/Rental) \_\_\_\_\_ Prepared Food \_\_\_\_\_ Auto Washes \_\_\_\_\_

Hours of Operation \_\_\_\_\_ No. of employees from 10 p.m. to 6 a.m. \_\_\_\_\_ if 24-hr operation

Are there any cooking appliances on premises? \_\_\_\_\_ If yes, advise number of: Grills \_\_\_\_\_

Fryers \_\_\_\_\_ Ovens \_\_\_\_\_ Other \_\_\_\_\_

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If yes, advise: Is there a fire suppression system over cooking appliances? \_\_\_\_\_

Type of System: \_\_\_\_\_

Are there any fuel service bays on premises? \_\_\_\_\_ If yes, number of pumps? \_\_\_\_\_

Who owns pumps? \_\_\_\_\_ Who owns tank? \_\_\_\_\_

NOTE: Upon issuance, your policy and its subsequent renewal certificates do not cover defense costs or any liability with respect to the pollution hazard associated with underground or above-ground tanks as described in BP-200 Exclusion 9.

Is there any LP.G. distribution? \_\_\_\_\_ If yes, are all pre-filled containers properly enclosed? \_\_\_\_\_

Are customer's cylinders filled on premises also? \_\_\_\_\_ If yes, are they only filled by certified employees? \_\_\_\_\_

NOTE: LP.G. installations must meet NFPA standards.

Is there any alarm on premises? \_\_\_\_\_ If yes, advise type:  Central Station  Local

Is there a drop safe? \_\_\_\_\_ How often are deposits made? \_\_\_\_\_

Is the attendant protected by:  Panic Button  T.V. Camera  Other or  Unprotected

Are "No Loitering" and "No Smoking" signs in place? \_\_\_\_\_ Are they enforced? \_\_\_\_\_

Where are the restrooms located?  Inside  Outside and are kept  Locked  Unlocked

Have employees been instructed in proper procedures in event of an emergency; i.e., fire, burglary, robbery, injury, power outage, or other emergency? \_\_\_\_\_

Are the premises well lit? \_\_\_\_\_ Are exterior windows clear of obstructions that may affect vision from street? \_\_\_\_\_

Is the parking lot paved and well-maintained? \_\_\_\_\_ Is snow removal done on contract basis? \_\_\_\_\_  
If not, explain \_\_\_\_\_

If Liquor Liability is to be added, answer questions below: (NOTE: Not available in PA or CT)

Present Liquor Liability Company \_\_\_\_\_

Liquor License Number \_\_\_\_\_ % of Total Sales \_\_\_\_\_

List any liquor citation or revocation in the past 60 months, date and amount of fine  
\_\_\_\_\_  
\_\_\_\_\_

Do employees have guidelines for recognition of intoxication persons and how to handle the situation ?  
\_\_\_\_\_

Is positive ID checked on all alcoholic purchases? \_\_\_ Has the insured had any losses in past 60 months  
\_\_\_\_\_

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IF THIS RISK IS AN AUTOMOBILE REPAIR STATION OR AUTOMOBILE SERVICE STATION,  
PLEASE COMPLETE THE FOLLOWING:

- ◆ Is the applicant a member of any professional trade association? \_\_\_\_\_  
If yes, what associations \_\_\_\_\_
- ◆ Are all mechanics certified? \_\_\_\_\_ By whom? \_\_\_\_\_
- ◆ Is motor vehicle inspection service conducted? \_\_\_\_\_  
If yes, are all inspectors licensed? \_\_\_\_\_
- ◆ Is there any body work or spray painting? \_\_\_\_\_
- ◆ If yes, is the spray booth U.L. listed and does it meet NFPA Standards? \_\_\_\_\_
- ◆ Is there any modification of vehicles? \_\_\_\_\_
- ◆ Is there any engine or transmission rebuilding? \_\_\_\_\_
- ◆ Is there any specializing in high valued automobiles? \_\_\_\_\_
- ◆ Is there any work done on vehicles over 20,000 G.V.W.? \_\_\_\_\_
- ◆ Is there a final inspection procedure before releasing to a customer? \_\_\_\_\_
- ◆ Is there any work on recreational vehicles? \_\_\_\_\_
- ◆ Is there any auto sales? \_\_\_\_\_ If yes, number of vehicles per year? \_\_\_\_\_
- ◆ Is there any tire sales or service? \_\_\_\_\_
- ◆ Is there any rental of vehicles or equipment? \_\_\_\_\_
- ◆ Is there any rental operation conducted from premises? i.e., U-Haul, Ryder, Penske \_\_\_\_\_
- ◆ Is there any tow truck operation? \_\_\_\_\_
- ◆ Is there any work subbed out to other shops? \_\_\_\_\_  
If yes, does applicant get up-to-date Certificates of Insurance? \_\_\_\_\_
- ◆ During non-working hours, are the vehicles kept in a designated area? \_\_\_\_\_
- ◆ If yes, is it fenced and locked? \_\_\_\_\_
- ◆ Are any vehicles parked on the street or off the premises? \_\_\_\_\_
- ◆ What would be the average number of customers' vehicles waiting for service, at any time? \_\_\_\_\_
- ◆ Does the applicant have dealer plates or intend to become a dealer in the future? \_\_\_\_\_
- ◆ Does the operation sponsor any athletic sporting team, vehicle, or events? \_\_\_\_\_  
If yes, explain \_\_\_\_\_

List the drivers' information for all (owners and employees) below: **(REQUIRED)**

Name	Date of Birth	License No. & State	Duties

Past 3 Years Loss History:

Company	Policy No.	Date of Loss	Type of Loss	Amount Paid

Has any policy canceled or non-renewed in past 3 years? \_\_\_\_\_

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**FRAUD STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or other person files a 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 (Ohio).

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. (New York).

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 thereof commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (Pennsylvania Only).

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**SUBMIT  
APPLICATION**