



**General Liability  
Supplemental Application For  
Gasoline Stations**  
(Complete in addition to ACORD)

1. Name of Applicant: \_\_\_\_\_

2. Hours of Operations: \_\_\_\_\_ Open 24 hours?  Yes  No

3. Number of Gallons sold annually: \_\_\_\_\_ Number of Pumps: \_\_\_\_\_

4. Please check all operations that apply and indicate annual gross sales:

- |  |          |  |          |
|--|----------|--|----------|
| <input type="checkbox"/> Car Wash - Full Service | \$ _____ | <input type="checkbox"/> Car Wash – Self Service | \$ _____ |
| <input type="checkbox"/> Convenience Store       | \$ _____ | <input type="checkbox"/> Gasoline Sales          | \$ _____ |
| <input type="checkbox"/> Liquor Sales            | \$ _____ | <input type="checkbox"/> LPG Sales               | \$ _____ |
| <input type="checkbox"/> Quick Lube              | \$ _____ | <input type="checkbox"/> Restaurant              | \$ _____ |

5. Auto Repair, Towing or Tune-Ups on premises?\*  Yes  No

**\*If yes, complete Application A-116.**

6. Annual gross sales for all operations combined: \$ \_\_\_\_\_

7. Is the emergency automatic shutoff accessible to employees and customers?  Yes  No

8. Are "No Smoking" signs posted in all areas where fuels are stored or dispensed?  Yes  No

9. Are signs posted advising customers to turn off ignition while gas is being pumped?  Yes  No

10. Tanks: Quantity: \_\_\_\_\_ Above or Below Ground? \_\_\_\_\_  
Age: \_\_\_\_\_ Construction: \_\_\_\_\_

11. Are tanks equipped with tank monitoring systems?  Yes  No

12. Are leakage tests performed on a monthly basis?  Yes  No

13. Are tanks and dispensing systems in full compliance with all federal, state and/or local safety regulations?  Yes  No

14. Are tires stored on or near the premises?  Yes  No

15. Do you keep any firearms on the premises for protection?  Yes  No

16. Do you keep any dogs on the premises?  Yes  No

17. Is there a formal training program on what to do in the event of a robbery?  Yes  No

18. Are the premises well lit during hours of darkness?  Yes  No

19. Is there a truck stop?  Yes  No

20. Who is responsible for snow removal?  Applicant  Contractor  
If contractor, is certificate of insurance obtained?  Yes  No

**CAR WASH – FULL SERVICE**

21. Are customers restricted from entering the wash tunnel on foot?  Yes  No

22. Do you post signs at the wash tunnel stating that the facility assumes no responsibility for the loss of valuable items left inside the vehicle?  Yes  No

**CAR WASH – SELF SERVICE**

23. How often is the cleaning equipment inspected for proper functioning? \_\_\_\_\_

24. If vacuum cleaners are provided, are they properly grounded and situated away from wet areas?  Yes  No

**CONVENIENCE STORE/RESTAURANT**

25. Do you sell weapons or ammunition?  Yes  No

26. Do you operate a restaurant, deli or other cooking exposure on the premises?  Yes  No

If yes, is table service provided?  Yes  No What is the seating capacity? \_\_\_\_\_

**\*\*If yes, complete application A67.**

**If there are liquor sales, please answer questions 27 through 30.**

27. Do you reject seemingly forged identification?  Yes  No

28. Is any alcohol consumption allowed on the premises?  Yes  No

29. Do you carry Liquor Liability Insurance coverage?  Yes  No

If yes, indicate name of insurance carrier and limits carried: \_\_\_\_\_

30. Do you keep smaller items, such as cigarettes and half-pints of liquor, in cages to prevent "smash and grab" theft?  Yes  No

**LPG SALES**

31. Distance from buildings: \_\_\_\_\_ Distance from gasoline pumps: \_\_\_\_\_

32. Is the area fenced?  Yes  No

33. Are customers allowed to fill their own tanks?  Yes  No

34. Tank capacity (gallons): \_\_\_\_\_

35. Number of gallons sold annually: \_\_\_\_\_

**LESSORS RISK**

36. Do you lease any space to other businesses?  Yes  No

If yes, please list and describe all tenants: \_\_\_\_\_

37. Area of leased space: \_\_\_\_\_ sq. ft.

38. Are all tenants required to carry their own Commercial General Liability Coverage?  Yes  No

If yes, what limits are required? \$ \_\_\_\_\_ / \$ \_\_\_\_\_

39. Do you collect certificates of insurance from all tenants on an annual basis?  Yes  No

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Producing Agent