



Gasoline Station Supplemental Application

APPLICANT INFORMATION

NAMED INSURED

SOCIAL SECURITY #

FEIN

WEB ADDRESS

- | | |
|---|--|
| <p>1. Type of station: Self service
 Full service, gas only
 Full service with repair</p> <p>2. How old is the station? _____</p> <p>3. What are the hours of operation? _____ to _____</p> <p>4. What security measures are employed?

_____</p> <p>5. Does the station own a tow truck? YES NO
 If yes, Does it operate 24 hours a day? YES NO
 Is it advertised for emergency
 service? YES NO
 Is the station associated with
 travel clubs? YES NO</p> <p>6. Any auto body repair or painting? YES NO
 If yes, explain:

_____</p> <p>7. Are any new or used vehicles sold? YES NO</p> <p>8. Does applicant work on large trucks? YES NO</p> <p>9. Are customers permitted in the
 shop area? YES NO</p> <p>10. Does the station have any
 underground tanks? YES NO
 a. How old are the underground tanks? _____
 b. How often are the tanks tested
 for leaks? _____
 c. Underground tanks are metal fiberglass</p> | <p>11. Does the station have any above-
 ground tanks? YES NO
 a. If so, for what?

 b. How old are they? _____</p> <p>12. Does applicant accept waste oil from
 other persons or firms? YES NO</p> <p>13. How does applicant dispose of oil and other
 hazardous waste?

 _____</p> <p>14. Are "no smoking" signs posted on
 all pumps? YES NO</p> <p>15. How many fire extinguishers? _____
 a. Date of last inspection _____</p> <p>16. Does applicant sell L.P. gas? YES NO
 a. If yes, annual sales: _____</p> <p>17. Does applicant sell bottled propane? YES NO
 a. If yes, how is it stored?

 b. Annual sales: _____</p> <p>18. Any sales of grocery items? YES NO
 a. If yes, annual sales: _____</p> |
|---|--|

19. Is any cooking done on premises?	YES	NO	23. Any firearms kept on premises to be used for defense in a hold-up?	YES	NO
a. If yes, is there frying?	YES	NO			
b. Does the kitchen have a wet UL300 extinguishing system?	YES	NO	24. Are driveways and pumping areas well lit?	YES	NO
i. Date of last service_____					
20. Is there a car wash operated in connection with this business?	YES	NO	25. Are both the customer fill area and tanker unloading area paved?	YES	NO
a. If yes, annual receipts:_____			26. What is applicant's snow/ice removal policy?		
21. Is there a wood-burning stove on the premises?	YES	NO	_____		
22. Does applicant have safe?	YES	NO	_____		
a. If yes, what type?			_____		

N.J. Law P.L 1995, c. 132: Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

For PA Submissions:

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 subjects such person to criminal and civil penalties. The information in this application is correct to the best of knowledge and belief.

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

_____		_____	
Owner or Officer's Name		Agent's Name	
_____		_____	
Title		Agent's Signature	Date
_____		_____	
Owner or Officer's Signature	Date	Expiring policy number, if applicable	