



Cal-Regent Insurance Services Corporation
 California License Number: 0C64516

2030 Gillespie Way, Suite 107, El Cajon, CA 92020
 Phone: (619) 596-2770 ▪ Fax: (619) 596-4049
 Web Address: <http://www.cal-regent.com>
 General Information E-mail: calreg@cal-regent.com

Producer Name:	Phone:	Date:
Producer Address:	Fax:	E-Mail:
	Contact:	License #:

Applicant Information—Gas Station

Insured's Name:	DBA:				
Form Of Business:	Corporation	Limited Liability Company	Individual	Partnership	Other _____
Mailing Address:	Phone:		Fax:		
	Contacts:		E-Mail:		
			Website:		
Describe the risk to be insured in detail and provide a full description of the operation:					

Prior Insurance Information

If no prior insurance existed, please explain:				
Year	Carrier	Policy Number	Liability Limits	Policy Premium

Claims History

Please check this box if no claims or losses exist:			
Date of Loss	Description of Loss (Please provide all additional information regarding each claim or loss that you want considered)	Amount Paid/Reserved	Claim Status

Please Provide Any Additional Information Regarding This Risk That Should Be Considered

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Insured's Name:	DBA:
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General Business Operation Information
The applicant must answer all of the questions below.

1. How many years has the applicant been in business?	2. How many years experience in this industry?
3. Brand of gasoline sold:	4. Self serve? Yes No
5. Full serve? Yes No	6. Gas station's hours of operation: From: to
7. Mini Mart? Yes No	8. Mini Mart's hours of operation: From: to
9. Gallons of gas sold per year?	10. Annual sales from the mini mart? \$
11. Annual sales from liquor? \$	12. Annual sales from the car wash? \$
13. Annual sales from auto repair? \$	14. Annual sales from the restaurant/deli? \$
15. Number of canopies? \$	16. Number of pumps?
17. Annual sales from propane? \$	18. Does the insured refill or exchange propane tanks? Ref. Exc.
19. Is there an ATM located on the premises? Yes No	20. If yes, is the ATM inside the building? Yes No
21. If there is an ATM, who is responsible for replacing the cash in the machine?	
23. If the insured is responsible for replacing the cash in the machine, how much cash is placed in the machine? \$	24. Are restrooms located inside the building? Yes No
25. Are restrooms kept locked? Yes No	26. Does the premises use:
	TV Cameras Yes No
	Cash drawer Yes No
	Panic Button Yes No
Bullet resistant glass Yes No	
27. Are drop safes used with signs posted to this effect? Yes No	28. If the applicant has a liquor license, was it ever suspended or revoked? Yes No
29. If the applicant sells liquor, have all employees been trained on the sale of alcohol to minors and how to handle intoxicated people? Yes No	

Insured's Name:	DBA:
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Gas Station Risk Location General Information

Description of Location:		Location Number:
Physical Address:	Phone:	Fax:
	Contacts:	E-Mail:
	Website:	

Premises Information

1. Does the applicant have a guard or pet dog on the premises?	Yes	No	2. Does anyone live on the premises?	Yes	No
3. Does the applicant keep firearms on the premises?	Yes	No	4. Are the windows protected with bars or grates?	Yes	No
5. Are there dead bolt locks on the doors?	Yes	No	6. Are there "NO SMOKING" signs posted where combustibles are stored?	Yes	No

Coverage Information

Liability Limit (Symbol 30)	\$100,000	\$300,000	\$500,000	\$1,000,000	3X	Aggregate 2X	1X
Liability Deductible	NONE	\$500	\$1,000	Liability Endorsements	Broadened Coverage	Personal Injury	
Fire Legal Liability							
Medical Pay (Symbol 30 for Auto)	\$1,000 Auto	\$2,000 Premises	\$5,000 Both				
Garage Keepers (Symbol 30)	Location Limit Legal Liability			Direct Primary	Deductible (Per Auto/Per Loss)	\$500/\$2,500 \$1,000/\$5,000	

Payroll Information

No one under the age of 21 will be insured for auto coverage.

# of Proprietors/Partners/Officers	# of Employees who earn more than \$100 per week.	Total Annual Payroll for employees, including off premises employees, who earn less than \$100 per week.

Owner of Premises Name:	Grantor of Franchise Additional Insured Name:
Additional Insured Address:	Address:

Insured's Name:	DBA:
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Property Location General Information

Description of Location:	Location Number:
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Premises Information

1. Is there an Automatic Burglary Alarm, protecting all of the buildings in their entirety, which signals to an outside central station or a police station?	Yes	No	2. Are there any large cracks or potholes in the pavement?	Yes	No
3. Are there any open or obvious slip and fall hazards?	Yes	No	4. Are there any fire hazards such as gas pumps, open fuel containers, oily rags, paints, etc?	Yes	No
5. Are there operable and tagged fire extinguishers mounted and easily accessible?	Yes	No	6. Is there an Automatic Fire Protective or Extinguishing System that protects the applicant's premises??	Yes	No
7. Does the wiring on the applicant's premises comply with current codes?	Yes	No	8. Has the producer for this applicant personally inspected this location?	Yes	No
9. Describe the condition of the premises.	Good	Fair	Poor	Improving	
10. Describe the condition of the neighborhood.	Good	Fair	Poor	Improving	

Property Coverages Requested

All Coverages are written with 90% Coinsurance.
An Automatic Burglary Alarm is required for theft coverage.

Coverage	Limit	Causes of Loss	Deductible	Rating Information		
Buildings (Total All)		Special Basic	\$500	Construction type of building?	Frame Non-Combustible Fire Resistive	Jointed-Masonry Masonry Non-Comb. Mod. Fire Resistive
Contents*			\$1,000	Square footage of building?		
Business Income			\$2,500	What year was the building constructed?		
Outdoor Signs			\$500			

Lessor of Leased Equipment Additional Insured	Name: Address:	Mortgage Holder For Building	Name: Address:
Loss Payee for Equipment	Name: Address:		

*Contents coverage includes: Pumps, tanks, canopies, hoses/nozzles, gasoline, car wash equipment, tools.



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Insurance Applicant Agreement

This must be read and understood by the applicant before it is signed.

<ol style="list-style-type: none"> 1. I understand that absolutely no insurance coverage of any kind whatsoever is being applied for other than the insurance coverage I have requested in this application. I also understand that absolutely NO INSURANCE coverage is effective until such insurance is accepted and bound by the insurance company and payment is made for such insurance. 2. I warrant that all of the information provided by me and my insurance broker is true and correct. I also understand that if any of the information provided in this application is not true then any and all insurance coverage will be void from the effective date of the insurance coverage. 3. I also understand that if any of the information provided to the insurance company in this application turns out to be false, my insurance policy may be canceled at any time at the option of the insurance company. 4. I understand that this insurance is not meant to apply to drivers under the age of 21 and that drivers under 21 must be excluded from auto coverage, even if you hire or use anyone under the age of 21. 5. If I have applied for Business Personal Property Coverage, I understand that unless I have an activated and fully functioning Automatic Burglary Alarm, protecting all of the buildings in their entirety, which signals to an outside central station or a police station, then I will NOT have coverage for the theft of any and all of my business personal property. 6. I have read and understood this entire application. I read and understand English. 7. The statements in this application are express warranties made by the applicant and relate to the past, present or future. The application is attached and incorporated into the policy. <p>NOTE: My signature authorizes any and all of my prior insurance companies to release any and all of my prior insurance and claims information to Cal-Regent Insurance services Corporation upon presentation of a copy of this Insurance Applicant Agreement.</p> <p>Applicant's Signature _____ Date _____ Print Name _____ Title _____</p>

Insurance Broker Agreement

This must be read and understood by the broker before it is signed.

<ol style="list-style-type: none"> 1. I warrant that all of the information contained in this application was obtained from the insured after I asked the insured for the information. 2. I understand that unsigned applications will be refused for binding and no coverage will be in force. 3. I understand that coverage is not bound until such time as I receive written confirmation of binding and a policy number from Cal-Regent Insurance Services Corporation. <p>Broker's Signature _____ Date _____ Print Name _____ Title _____</p>

Uninsured Motorist Rejection

This must be read and understood by the applicant before it is signed.

<p>"The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code."</p> <p>Applicant's Signature _____ Date _____ Print Name _____ Title _____</p>



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Race, National Origin and Gender Form

Community Service Statement
 State National Insurance Company

_____ Submission Number

This information is requested by the State of California in order to monitor the insurer's compliance with the law. All applicants are requested to voluntarily provide the following information.

This section will be separated from the application prior to the insurer processing the application. No such information shall be used for purposes of underwriting or rating any applicant or policyholder.

Applicant's Name and Address (to be provided in order to refer back to the application) Note: use additional forms if more than two applicants.

Application Type

Commercial Auto- Liability
 Commercial Auto- Physical Damage

* If the Applicant does not wish to provide the Department of Insurance with this information, please check here.

Check the Race or National Origin as it applies to the applicant or policy holder.

	Applicant			Co-Applicant		
	Male	Female	Business	Male	Female	Business
African American						
American Indian or Alaska Native						
Asian/Pacific Islander						
Latino						
White						
Other						