



# GAS STATIONS, BEVERAGE & CONVENIENCE STORES SUPPLEMENTAL APPLICATION

(Complete in addition to Acord App)

**APPLICANT INFORMATION:**

NAME:			
LOCATION:			
<b>GENERAL INFORMATION</b>			
1.	Is operation open after 2 a.m.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Is operation open 7 days a week?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If no, please explain:		
3.	Are there any firearms kept or carried on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Are there any armed security guards on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	Are there any guard dogs on premises during working hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Does the premise sell any of the following?	Ammunition	Fireworks
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Does the premise operate filling of LPG (propane) tanks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.	Does the premise sell new or used vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Does the premise operate any rental of vehicles or trailers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Does the premise operate any installation or repair of trailer hitches?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11.	Does the premise sell new or used tires?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12.	Is there an automatic car wash operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13.	Is location known to be a polluted site or ever had a pollution claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14.	Confirm if operations involve cooking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, Identify type of cooking:		
	Is there an Automatic Extinguishing System, with maintenance agreement, over all cooking surfaces?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
15.	Is there a Central Station Burglar Alarm protecting premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Breakdown of Receipts:</b>			
Grocery Sales:	\$ _____	Restaurant Sales* (if any):	\$ _____
Alcohol Sales (if any):	\$ _____	Auto Repair Sales* (if any):	\$ _____
Gallons of Gas (if any):	_____	Car Wash Sales* (if any):	\$ _____
Other Sales:	\$ _____	<b>* must be separately classified and rated.</b>	
Please explain:			

**STATE FRAUD STATEMENTS**

**Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Arkansas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or



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information to a policyholder or claimants with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Hampshire:** Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**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 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.

**Ohio:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**Pennsylvania:** 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.

**Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Tennessee:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Vermont:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



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The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant\*: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Producer Code: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Signing this application does not bind the applicant or the company to complete the insurance**