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GAS STATION & CONVENIENCE STORE INSURANCE QUESTIONNAIRE FORM

NAME INSURED: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____

CONTACT NAME: _____ PHONE # _____

EMAIL: _____ FAX# _____

FRANCHISE NAME: _____

YEARS IN BUSINESS: _____ YEARS AT THIS LOCATION: _____

CURRENT INSURANCE CO: _____ EXPIRATION DATE _____

HOURS OF OPERATION: _____ FEDERAL TAX ID #: _____ - _____

LIQUOR SALES: _____ MINI MART SALES: _____ CAR WASH SALES: _____

GALLONS OF GASOLINE SOLD: _____ GENERAL AUTO REPAIR SALES: _____

NUMBER OF EMPLOYEES: _____ PAYROLL: _____ PROPANE SALES: _____

BUILDING SQUARE FOOTAGE: _____ BUILDING AGE: _____ SPRINKLERED: _____ ALARM: _____

SECURITY CAMARAS? _____ ATM MACHINES? _____ ARE THEY LOCATED INSIDE OR OUTSIDE?

COVERAGE LIMITS REQUESTED – PLEASE GIVE AMOUNTS

BUILDING: _____ CONTENTS: _____ CANOPY: _____

GASOLINE IN GROUND: _____ CAR WASH EQUIPMENT: _____

HOSES & NOZZLES: _____ PUMPS: _____

LIABILITY LIMITS: _____ LIQUOR LIABILITY: _____

PLEASE PROVIDE LOSS HISTORY IN WRITING FROM YOUR INSURANCE COMPANIES COVERING THE PAST FOUR YEARS. WE NEED THIS TO PROVIDE THE BEST POSSIBLE PRICING. LOSS HISTORY CALLED "LOSS RUNS" ARE NEEDED TO QUOTE WORKERS COMPENSATION AND BUSINESS OWNERS PACKAGES.