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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.

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