

**GAS STATION/MINI-MART
SUPPLEMENTAL WORKERS' COMPENSATION APPLICATION**

Application/Policy# _____

Insured Name: _____ Federal ID #: _____
 Effective Date: _____ Website: _____ Contact Email: _____

Operational Information

1. Self Serve _____ Full Serve _____ Repair _____
2. Hours of Operation: _____ Days per week: _____
3. Type of Franchise: (i.e. Shell, Chevron, Arco, etc.) _____
4. Repair operation: Full Service Bay _____ Oil/Lube _____ Tire Repair/Installation _____
 If they sell tires, please specify the percentage of tire sales _____
5. Describe the nature and extent of any towing or roadside service _____
6. Does the insured operate a car wash? Full Service: Yes No Automated: Yes No
7. Location Details: Access to Freeway 0-1 miles 1-2 miles More than 2 miles
 Well-Lighted area: Yes No

8. Does the insured operate a Mini-mart or Convenience Store: Yes No
9. Mini-mart or Convenience Store open 24-hours to public: Yes No
10. Provide percentage of Mini-mart or Convenience Store receipts (other than gasoline): _____

11. If the station is open 24 hours or has a Convenience Store, please answer the following:
 - a. If applicable, what time does the Convenience Store doors close to the public: _____
 - b. How is the Attendant protected?

After hour access to employee by cash drawer only:	Yes	No
Bullet Proof Glass:	Yes	No
TV Camera:	Yes	No
Are store windows clear of obstructions?	Yes	No
Are any firearms kept on the premises?	Yes	No
Type of Alarm:	_____	
 - c. Regular Patrol is performed by whom? Police: _____ Private Security: _____
 - d. Describe any other precautions used to prevent crime loss/injury to employees, including training on how to respond in the event of a robbery attempt: _____

12. Has there ever been a robbery? Yes No If yes, describe: _____
13. Describe what, if anything, has been done to prevent recurrence: _____

General Information

1. Number of years in business: _____
2. Current number of permanent employees: _____ Part-Time: _____ Full-Time: _____
3. Number of W2's filed for latest reporting year: _____
4. Mean Wage: For mainstream employees in production operations or services offered \$ _____/hr.
 For administrative staff, e.g. clerical, sales \$ _____/hr.
5. Union Non-Union % of employees participating _____

6. How many independent contractors are used? _____
How many 1099 forms are issued to individuals? _____
How many 1099 forms are issued to companies/organizations? _____
If there are independent contractors, what kind of work do they perform? _____
Are independent contractors covered under a statutory Workers' Compensation Insurance policy and do they provide Certificates of Insurance? Yes No
7. Group Medical provided: Yes No Name of Group Health Provider _____
% of employees participating _____% % of employer contribution _____
Paid Vacation: Yes No Paid Sick Leave: Yes No 401K or Pension: Yes No
8. Safety Program: Yes No
Safety Meetings: Yes No
Personal protective safety equipment provided: Yes No
Accident investigation program in place: Yes No
9. Hiring Practices
Application: Yes No
Check References: Yes No
10. Are any of the insured's operations located within a Federal or State government owned building that is over 35% occupied by government offices or National Landmarks? Yes No
If yes, provide details _____

Location (s) – Please complete for all locations of business operations:

	# Employees assigned to location (including those who work off premises)		# of Shifts	Maximum number of employees on premises at one time	# of Stories/ Floor # occupied by this business	Building Construction Type *(see below)
	<u>Full time</u>	<u>Part-time</u>				
Location (1) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____
Location (2) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____
Location (3) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____
Location (4) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____

If more than 4 locations, please continue on separate sheet.

*Types of Building Construction that closely matches the description of building that Insured occupies.

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|--------------------------------------|----------------------------------|
| Wood Frame, including masonry veneer | Tilt-up concrete |
| Unreinforced masonry | Reinforced concrete |
| Reinforced masonry | Light gauge steel frame |
| Mobile home | Protected structural steel frame |

Policy Specifications

Commission % _____ Participating _____ Group _____ Group Name: _____
 Direct Bill _____ Agency Bill _____

Producer Authorized Signature _____ Date _____