

**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

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| 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: _____

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| 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 _____

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.