

**Gas Station Insurance Program
Quick Quote Application**



**For Free No Obligation Quote
Fax Completed Form To 949.727.9219**

100 Pacifica Suite 480 | Irvine CA 92618
Tel 949.727.2025 | Fax 949.727.9219
Toll Free 888.311.2025
PremierOne.com

Business Name _____ Contact Name _____

Location Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____ Email: _____

Years in Business: _____ Business Entity: _____ Sole Properiter _____ Partnership _____ Corporation _____ LLC

Federal Tax ID: _____ Hours of Operation _____

General Liability

Policy Expiration: _____ Insurance Company: _____ Loss in Past 3 Years _____

Workers Compensation

Policy Expiration: _____ Insurance Company: _____ Loss in Past 3 Years _____

General Information

Answer

Comments

Do You Own or Lease the Building You Occupy _____

Construction Type of Building? Frame or Block _____

Original Year Built _____

Square Footage of Building Occupied _____

Do You Have Automatic Sprinkler System _____

Do You Have a Central Station Burglar Alarm _____

Total Value of Business Personal Property _____

Garagekeepers Liability Limit For Customer's Cars _____

Brand of Gasoline you sell _____

Number of Auto Service Mechanics _____

Number of Service Bays _____

Do you provide Towing _____

Annual Sales of Gasoline _____

Annual Sales of Auto Repair _____

Annual Sales of Convenience Store _____

Annual Sales of Car Wash _____

Annual Sales of Propane _____

Annual Sales Liquor, Beer & Wine _____

Annual Towing Charges _____

Number of Employees _____

Annual Payroll _____