
MARCONI INSURANCE SERVICES LIC.OD32276
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We specialize in GAS Station convenience store and Workers Comp Insurance
Our company is A Rated Admitted. We can be a one spot for all your coverage needs.
Contact us for a FREE Quote on your **GAS STATION OR WORKERS COMP INSURANCE**. ----- **You Might Save BIG \$\$\$**-----

Name _____ / _____
Expiration date of your current insurance policy ____/____/_____
Expiration date of your Workers Comp ____/____/_____-
Current company's name _____

QUICK QUOTE APP
GAS STATION/CONVINIENCE STORE

INSTANT QUOTE INFORMATION

Applicant's name _____
Location address _____
City _____ State _____ ZIP _____

DESCRIPTION OF OPERATIONS

What year did the business start? _____

Do you own the building _____ YES NO

PROPERTY SECTION

CONSTRUCTION

Frame Joisted masonry Non – combustible

Masonry non-combustible Fire Resistive

Modified Fire Resistive

OTHER _____

REQUESTED VALUATION -----	<input type="checkbox"/> Replacement Cost	<input type="checkbox"/> Annual Cash Value
DEDUCTIBLE -----	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$2500.00 <input type="checkbox"/> \$5000.00
COINSURANCE -----	<input type="checkbox"/> 80%	<input type="checkbox"/> 90% <input type="checkbox"/> 100%

Business personal property limit \$ _____

Income and extra expense limit \$ _____

Is there commercial cooking in the premises? ----- YES-----NO

Is there deep fat fryer on the premises? -----YES-----NO

What type of cooking extinguishing system is foundering and operational? -----
 -----Wet chemical Dry None

Building Owner

Building limit \$ _____ **What year was the building constructed** _____

What is the square footage of the entire structure? ----- _____ sq ft

Is any portion of the building leased to commercial tenants? YES NO

IF YES APLICABLE SQ FT _____

Does the applicant lease any apartments at this location? YES NO

IF YES APLICABLE SQ FT _____ **# of units** _____

GENERAL LIABILITY SECTION

LIMIT \$500,000/100,000 \$1000, 000 /2000, 000

EXPOSURE BASIS	
Grocery food sales_ \$	_____
Prepared food sales_ \$	_____ (on premises) \$_____ (of premises)
Liquor sales----- \$	_____ (on premises) \$_____ (of premises)
Gaming machines_ \$	_____
Gallons of gas pumped \$-	_____ How many gallons pumped(annually) _____
Full time employees_ #	_____ part time employees # _____ <30hour week)

Receipts from gas sales do not exceed 75% of total sales? True False

Type of gasoline pump service full service only Self service only Both

No automatic car wash operation (self service car wash is acceptable) True false

No distribution, sale or filling of liquefied Petroleum---

Gas a. k. a LPG Propane) -----True False
 (Tank exchanges that are not filed on premises are acceptable)

No location with more than 4000 sq f are acceptable----- True False