



824 Front Street / PO Box 2020 / Conway, AR 72032  
(501) 450-7400 / (800) 233-239 / 8FAX 501-450-6916

Texas Partners Insurance Group  
Office: 866-TEXAS-45  
Fax To: 832-201-9806  
Client Information: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
e-mail: \_\_\_\_\_

DBA: \_\_\_\_\_  
AGENCY: Texas Partners Ins.  
POLICY NUMBER: \_\_\_\_\_

Please choose one out of each category, which applies to the above named insured regarding the carwash.  
Information provided will be verified when inspection of premises is performed.

**SALES INFORMATION (Annual - Complete all that are applicable):**

- Annual Gasoline Gallons \_\_\_\_\_ Cooking Sales \_\_\_\_\_
- Annual Diesel Gallons \_\_\_\_\_ Repair Sales \_\_\_\_\_
- Convenience Store Sales \_\_\_\_\_ Other Sales (Provide details for any operations incl.
- Liquor Sales(Beer/Wine) \_\_\_\_\_ in these annual sales) \_\_\_\_\_
- Hard Liquor Sales \_\_\_\_\_
- Car Wash Sales \_\_\_\_\_

**CRIME PROTECTION :**

1.  YES  NO / Firearm on premises. ***If yes, RISK IS INELIGIBLE.***
2.  YES  NO / Video game arcades (possibly including slot machines). ***If yes, RISK IS INELIGIBLE.***
3.  YES  NO / ATM on premises. If yes, need ATM supplemental completed.
4.  YES  NO / Check cashing, faxing, and/or money wiring services on premises.
  - o If yes, provide details about operation including annual sales from each and who handles the money.  
\_\_\_\_\_
5. How often throughout the day are cash drops made to an on-site safe? \_\_\_\_\_
6. Who has access to the keys or combinations to these safes? \_\_\_\_\_
7. Does the insured use an armored car service for making large bank deposits? \_\_\_\_\_

**OTHER OPERATIONS:**

1.  YES  NO / Lounge area on premises for truckers. ***If yes, RISK IS INELIGIBLE.***
  - o ***Any on premises consumption of liquor?***  YES  NO. ***If yes, RISK IS INELIGIBLE.***
2.  YES  NO / Sleeping quarters on premises for use by truckers. ***If yes, RISK IS INELIGIBLE.***

3.  YES  NO / Repair facility on premises for repair of large trucks. ***If yes, RISK IS INELIGIBLE.***
4.  YES  NO / Shower facility provided for use by truckers. ***If yes, provide response to the following:***
- a. ***How many shower facilities?*** \_\_\_\_\_
- b. ***How often are the restrooms and shower facilities cleaned and disinfected?***  
\_\_\_\_\_
- c. ***Are wet areas marked indicating that the floor is wet and caution should be exercised?***  
\_\_\_\_\_
- d. ***Are all showers and bathtubs equipped with handrails for easy access?***  
\_\_\_\_\_
- e. ***Have private shower stalls been posted with signs warning patrons not to plug in or operate any electronic appliances while standing on wet surfaces or while their hands are wet?***  
\_\_\_\_\_
5.  YES  NO / Restaurant type service on premises. ***If yes, provide details concerning type restaurant, maximum number of seats available for customers, and who operates.***  
\_\_\_\_\_
6.  YES  NO / Overnight parking space available for truckers. ***If yes, provide the following information:***
- a. ***Is the area well lit and located away from fueling area for private passenger autos? Provide details including photos of the area.***  
\_\_\_\_\_
- b. ***How many (MAXIMUM) trucks can park at any given time?*** \_\_\_\_\_
7.  YES  NO / Does the parking lot area have separate entrances clearly designated for truck/bus traffic and for regular 4-wheel traffic?
- a. Does the insured ever allow truck drivers to leave loaded trailer beds or recreational vehicles parked on the premises? \_\_\_\_\_
- b. If yes, what is the level of security in areas where they are allowed to remain?  
\_\_\_\_\_
- c. How often does this occur? \_\_\_\_\_
8. How often does the insured check premises for slip/fall hazards or other hazards that can be harmful to customers? \_\_\_\_\_
- a. Does the insured document the premises check noting when it was done, by whom, hazard (if any) found, and what was done to correct the situation?  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Producer Providing Information

\_\_\_\_\_  
Date