

CONVENIENCE STORE
(Include Acord Application)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

1. Contact person (Owner/Manager) _____
2. Number of years in this type of business _____ Number of years at this location _____
3. Number of days open per week: _____ Business Hours _____ to _____

4. Financial Information:

- a. Fiscal Date (month & year) _____ / _____
- b. Liquor Sales \$ _____
- c. Food sales \$ _____ Gross Annual Income and Sales \$ _____
- d. Tobacco Sales \$ _____
- e. Fuel Sales \$ _____

5. General Information

- a. Does the store sell the following items?

| | | |
|---|------------------------------|-----------------------------|
| Fireworks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Firearms and/or ammunition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gasoline, Diesel, or Kerosene Fuel | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| LPG (liquid petroleum gas) tank filling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Filled by Employee Customer

| | | |
|--|------------------------------|-----------------------------|
| LPG (liquid petroleum gas) tank swapping | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there protective barriers around the LPG tanks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- b. Any auto repair or service operation Yes No
- c. Any car wash operation on the premises Yes No

Attached Detached Fully Automated Self-Service

Area of car wash _____ sq ft. Number of bays _____
- d. Are alcoholic beverages consumed on the premises Yes No
- e. Will store cash checks for a fee Yes No
- f. Any video rental operation on the premises Yes No
- g. Total area of building _____ square footage

Area of Convenience Store _____ Storage area _____

Area of deli, snack bar, or restaurant _____ (also answer question in section 8 –cooking hazard)

Area of Apartment unit(s) _____ Number of units _____ (complete a habitational supplemental)

Area leased to others _____ sq ft Describe type of operation _____

- h. Are there any security guards on the premise Yes No

If yes, Armed Unarmed Employee Independent/Contract

6. Cooking Hazard

- a. Is any type of cooking done on premises Yes No

Type of cooking

Microwave Pizza Oven Grill Fryer Deli

Fast Food Restaurant / Restaurant (complete restaurant supplemental) Yes No
- b. UL approved auto extinguishing system over **ALL** cooking surfaces and deep fryers? Yes No

Type of system Wet Chemical (UL 300 Approved) Dry Chemical

- c. Semi-annual service contract for auto extinguishing system Yes No
- d. Automatic gas or electric shut off for cooking with manual pull Yes No
- e. Are hoods and ducts equipped with filters Yes No
- f. Are filters cleaned at a MINIMUM of every six (6) months Yes No
- g. Are hoods and ducts cleaned at a MINIMUM of every six (6) months Yes No
- h. Are portable fire extinguishers mounted and accessible to cooking areas Yes No

7. Property Coverage Information

- a. Are there protective barriers/poles around the fuel pumps Yes No
- b. Fire Extinguishers Yes No
How many? _____ Serviced & Tagged within the past year Yes No
- c. Alarm and Security systems
 - 1. Burglary alarm Yes No
If yes, Central Station Local Gong UL Cert No. _____
Does it include Interior Motion Detection Devices that protect the **entire** building Yes No
 - 3. Does the cashier have a panic button direct to the policy or alarm company Yes No
 - 4. Is there a surveillance camera on the premises Yes No
 - 5. Fire alarm Yes No
If yes, Central Station Local Gong UL Cert No. _____
 - 6. Smoke alarm Yes No
- d. Type of wiring Copper Aluminum Pigtailed
- e. Any wood-burning devices on the premises Yes No
- f. Type of roof Wood shake/shingle Comp Asphalt
Is roof Flat Pitched
- g. **Values:** Our policy **does not** provide Blanket coverage. Show **NA** if not applicable

| | Building # 1 | Building # 2 | Building # 3 | Contents (excluding EDP) |
|-----------------------|---------------------|---------------------|---------------------|---------------------------------|
| C-Store Building | _____ | _____ | _____ | _____ |
| Warehouse Building | _____ | _____ | _____ | _____ |
| Freestanding Kiosk | _____ | _____ | _____ | _____ |
| Car Wash Building | _____ | _____ | _____ | _____ |
| Fuel Pumps (no tanks) | _____ | _____ | _____ | Excluded per form |
| Detached Canopy | _____ | _____ | _____ | NA |
| Detached Sign | _____ | _____ | _____ | NA |
| Detached Awning | _____ | _____ | _____ | NA |

8. General Liability Information

- a. Area of Parking Lot: _____ square feet
Is applicant responsible for care/maintenance of lot? Yes No
- b. Surface of parking lot: Gravel Concrete Asphalt No parking Other _____
- c. Number of Exits: _____ Are all exits marked with exits signs? Yes No
- d. Are all exits equipped with panic door hardware Yes No
If no, are all exits kept unlocked during business hours Yes No
- e. Any weapons or firearms on the premises Yes No
- f. Have there been any health or safety violations Yes No

If coverage is provided, it will contain special exclusion (above and beyond normal policy exclusions) including, but necessarily Limited to, the following: a. Assault and Battery b. Liquor Liability

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application for files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Producer: _____

Signature: _____ Date _____ Signature: _____ Date _____