



CONVENIENCE STORE SUPPLEMENT

(with or without Gasoline / LPG)

(Include Acord Application)

Applicant/Named Insured: _____
 Mailing Address: _____
 Location Address: _____
 Website Address: _____ Phone: _____ Fax: _____
 Policy Number: _____

1. **Contact Person (Owner/Manager):** _____
 Title of person: _____ Phone number: _____
2. **Number of:** Years in operation: _____ Years at this address: _____ Days open per week: _____
3. **Business hours:** _____

4. **Financial Information:**

| | Year 1 | Year 2 | Year 3 |
|-------------------------------------|--------|--------|--------|
| Fiscal Dates – Month/Year (mm/yyyy) | to | to | to |
| Beer, Wine & Liquor sales | | | |
| Food Sales | | | |
| Tobacco Sales | | | |
| Fuel Sales | | | |
| Gross Annual Income & Sales | | | |

5. **General Information**

- a. Total area of building: _____ sq. ft.
 Square footage of:
 Convenience Store: _____ Storage area: _____ Deli, snack bar or restaurant: _____
 Apartment unit(s): _____ Number of units: _____ **(Complete Habitational Supplement)**
 Area leased to others: _____ Describe type of operation: _____

- b. Items sold in the store (X all applicable):
 Fireworks LPG (liquid petroleum gas) tank filling *
 Firearms and/or ammunition If applicable, filled by: Employee Customer
 Gasoline or diesel fuel LPG (liquid petroleum gas) tank swapping *
 Kerosene or home fuel * Are there protective barriers around the LPG tanks? Yes No
- c. Operations on premises (X all applicable):
 Auto repair or service Pool tables
 Video rental Check cashing for fee
 Video games Car wash (Number of bays: _____)
- d. If carwash is on premises, is it: Attached Detached Fully automated Self-service
- e. Are alcoholic beverages consumed on the premises? Yes No
- f. Are there any security guards on the premises? Yes No
 If yes, are they: Armed Unarmed Employee Independent/Contracted *
 If Independent/Contracted, do you require them to provide certificates of insurance? Yes No

6. Cooking Hazard

- a. Is any type of cooking done on premises? Yes No
If yes, indicate type of cooking (X all applicable)
 Deli Fryer Microwave Other: _____
 Fast Food/Restaurant * Grill Pizza Oven
* **Complete Restaurant / Bar / Tavern / Night Club Supplement**
- b. Is there a UL approved auto extinguishing system over all cooking surfaces and deep fryers? Yes No
If yes, type of system: Wet Chemical (UL 300 approved) Dry Chemical
Is there a semi-annual service contract for auto extinguishing system? Yes No
- c. Is there an automatic shut off for gas or electric service? Yes No
If no, is there a manual shutoff? Yes No
- d. Are hoods and ducts equipped with filters? Yes No
- e. Are hoods and ducts cleaned at a minimum of every six (6) months? Yes No
- f. Are filters cleaned at a minimum of every six (6) months? Yes No
- g. Are portable fire extinguishers mounted and accessible to cooking areas? Yes No

7. Property Information

- a. Are there protective barriers/poles around all fuel pumps? Yes No
- b. Any fire extinguishers? Yes No If yes, how many? _____
Have fire extinguishers been serviced and tagged within past year? Yes No
- c. Alarm and burglary systems:
 - (1) Is there a burglary alarm? Yes No
If yes, Central station Local Gong UL Cert # _____
Does it include interior motion detection devices that protect the **entire** building? Yes No
 - (2) Does the cashier have a panic button direct to the police or alarm company? Yes No
 - (3) Is there a surveillance camera on premises? Yes No
If yes, Number of cameras inside: _____ Number of cameras outside: _____
 - (4) Is there a fire alarm? Yes No
If yes, Central station Local Gong UL Cert # _____
 - (5) Is there a smoke alarm? Yes No
- d. Type of wiring: Copper Aluminum Pigtailed
- e. Type of roofing: Asphalt Composition Wood shake/shingle Other: _____
- f. Any wood-burning devices on the premises? Yes No

8. General Liability Information

- a. Number of exits: _____ Are all exits marked with 'Exit' signs? Yes No
- b. Are all exits equipped with panic door hardware? Yes No
If no, are all exits kept unlocked during business hours? Yes No
- c. Are there any weapons or firearms on the premises? Yes No
- d. Have there been any health or safety violations? Yes No
- e. Is applicant responsible for care/maintenance of a parking lot? Yes No
If yes, type of surface: Gravel Concrete Asphalt Other: _____
Area (sq. ft.) _____
- f. Is overnight parking allowed? Yes No
- g. Is there a RV dump / waste station? Yes No

h. Describe any additional operations or services on premises: _____

If coverage is provided, it will contain special exclusions including, but not limited to, **Assault & Battery** and **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.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

NOTICE TO COLORADO APPLICANTS:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO NEW YORK APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

| | | |
|-------------------------|------------------------------|---------------|
| _____ Applicant Name | _____ Applicant Signature | _____ Date |
| _____ Producer Name | _____ Producer Signature | _____ Date |