



CONVENIENCE STORE SUPPLEMENTAL APPLICATION

(Include Acord application)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

How long in business? _____ Under same management? _____

Receipts:

| | | | | |
|--------------|----|----------------------|-----------|-----------|
| Liquor Sales | \$ | Number of Employees: | Full-Time | Part-Time |
| Gas Sales | \$ | Operating Hours: | | |
| Other | \$ | Days: | | |
| Total | \$ | | | |

ATM on premises? Yes No Lottery machines? Yes No If yes, total sales: \$ _____

LPG tank filling? Yes No By Employee or Customer? _____ LPG sales: \$ _____

LPG tank swap? Yes No Are there protective barriers around the tanks? Yes No

Any weapons or firearms on premises? Yes No Square footage of building: _____

Is there any cooking or food preparation on premises? Yes No

Type of cooking: Microwave Pizza Oven Grill Fryer Deli Salad Bar Other: _____

Is there an Ansul system? Yes No If yes, frequency of service: _____

Any hoods or ducts? Yes No If yes, frequency of cleaning: _____

Describe safety controls (emergency lighting, lighted exits, doors swing outwards): _____

Is liquor coverage in place? Yes No Percentage of annual liquor sales: _____ %

Advise type of training of Owners, Managers, Employees: _____

Liquor license held? Yes No Beer/Wine: _____ Liquor: _____

Any tobacco sales? Yes No

Are procedures displayed and followed to verify age of customers purchasing tobacco? Yes No

Is gasoline sold? Yes No Number of pumps: Self Serve _____ Full Service _____

Is coverage provided for gas products elsewhere? Yes No If yes, details of coverage: _____

Is there a carwash on premises? Yes No If yes, describe: _____

Any auto repair? Yes No If yes, describe: _____

Is there a Central Station Burglar Alarm? Yes No

Does the cashier have a panic button direct to policy or alarm company? Yes No

Minimum number of cashiers/attendants on duty at any one time: _____

Is there a surveillance camera on premises? Yes No

Are there any security guards on premises? Yes No Number of: Unarmed _____ Armed _____

Is there a habitational/apartment exposure? Yes No Number of units: _____

Is there a drive up window? Yes No Have there been any health or safety violations? Yes No

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature _____

Producer's Signature _____

Date _____