



CONVENIENCE STORE SUPPLEMENT

(Include Acord Applications)

Applicant/Named Insured: _____
 Mailing Address: _____
 Location Address: _____
 Website Address: _____ Phone: _____

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. **Applicant is:** Building Owner Tenant LRO Area: _____

Description of LRO tenant: _____

5. Is management directly involved in losses? Yes No

6. **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			
Gallons Sold			
Gross Annual Income & Sales			

7. **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: _____

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 (Area (sq. ft.) _____ ; 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

8. 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 / Liquor Liability Supplement (AL 14 40)

- 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

9. 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. Roof is: Flat Pitched
- f. Type of roofing: Asphalt Composition Wood shake/shingle Other: _____
- g. Any wood-burning devices on the premises? Yes No

10. 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.

Applicant Name	Applicant Signature	Date
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Producer Name	Producer Signature	Date
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