



### Convenience Store Insurance Application

- Applicant's Name: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_  
 Street City County State Zip Code
- Form of Business:  Individual  Partnership  Corporation  Other: \_\_\_\_\_
- Other Insureds: \_\_\_\_\_  
 Relationship to the First Named Insured: \_\_\_\_\_
- Inspection/Audit Contact Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
- Current Expiration Date: \_\_\_\_\_ Bind Date Requested: \_\_\_\_\_ Need Quote By: \_\_\_\_\_

**7. Property Location Information**

Loc. #	Street Address	City	County	State	Zip Code

How many years have you been in business at the address shown above? \_\_\_\_\_

- Loss Information:  
 Have there been any gaps in coverage in the past three years?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 Have there been any losses in the last three years?  Yes  No

**9. Additional Interests: Mortgagor (M) Additional Insured (AI) and Loss Payees (LP):**

Type	Name	Address	City	State	Zip Code

**10. Premises and Operational Information**

Hours of Operations: Hour Opened: \_\_\_\_\_ A.M. Hour Closed: \_\_\_\_\_ P.M.  
 Total Number of Employees? \_\_\_\_\_ Number of Managers/Assistant Managers: \_\_\_\_\_  
 Number of Gas Pumps: \_\_\_\_\_ Number of LPG Tanks: \_\_\_\_\_

Services	Receipts
Grocery Items	\$
Liquor	\$
Car Wash	\$
Repairs	\$
Restaurant	\$
Deli/Pizza	\$
Other	\$

**11. Management Personnel:**

Name	Years in Business	Years of Experience

**12. Property Coverages and Limits**

Property (a schedule of buildings may be attached in lieu of completing the schedule below)

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	ACV or RC	Construction	PC
1	1	Building				
1	1	BPP				
1	1	Pumps				
1	1	Canopies		ACV		
1	1	Business Income				

\*Use Only (FR = Frame; JM=Joisted Masonry; NC=Non-Combustible; MNC=Masonry Non-Combustible)

Deductible:  \$1,000  \$2,500  \$5,000  \$10,000  \$25,000

**13. Optional Property Coverages**

The following coverages may be provided at the limit indicated. Higher limits may be available subject to carrier approval. The carrier is not required to offer any of these coverages.

Coverage	Common Limit Provided	Desired Limit	Coverage	Common Limit Provided	Desired Limit
Accounts Receivable	\$100,000		Newly Acquired or Constructed Property – BI	\$500,000	
Back-Up of Sewer or Drains	\$50,000		Non-Owned Detached Trailers	\$20,000	
Computer Equipment, Data & Media	\$100,000		Off Premises Utility Failure	\$100,000	
Debris Removal	\$25,000		Ordinance or Law	\$250,000	
Employee Dishonesty	\$10,000		Outdoor Property incl. Outdoor Signs	\$10,000 \$100,000 Agg.	
Fire Equipment Recharge	\$10,000		Personal Effects & Property of Others	\$25,000	
Fine Arts	\$25,000		Pollutant Clean Up & Removal	\$25,000	
Fire Dept. Service Charge	\$25,000		Property Off-Premises	\$50,000	
Inventory & Appraisal	\$20,000		Property in Transit	\$50,000	
Lock Replacement	\$10,000		Retaining Walls	\$5,000	
Money & Securities – On Premises	\$20,000		Reward Payments	\$10,000	
Money & Securities – Off Premises	\$10,000		Undamaged Leasehold Improvements	\$50,000	
Newly Acquired or Constructed Property – Bldgs	\$1,000,000		Valuable Papers & Records (Other than Electronic Data)	\$100,000	
Newly Acquired or Constructed Property – BPP	\$1,000,000		Wind Blown Debris	\$10,000	
Newly Acquired or Constructed Property – BPP	\$1,000,000				

**14. General Liability Limits**

Per Occurrence: \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_  
 Hired and Non-Owned Liability:  Exclude  Include Employee Benefits Liability:  Exclude  Include  
 Vehicular Damage to Building and Pumps:  \$10,000  \$25,000  \$50,000  
 Liquor Liability Coverage: Per Occurrence: \$ \_\_\_\_\_ Per Aggregate: \$ \_\_\_\_\_  
 Garagekeepers Legal Liability: \$ \_\_\_\_\_  
 Garagekeepers Deductibles:  \$500  \$1,000  \$2,000

**15. General Liability Information**

- a. Has any policy been cancelled or non-renewed in the last three years?  Yes  No  
 If yes, please explain why: \_\_\_\_\_
- b. Are procedures displayed and followed to verify age of customers buying tobacco?  Yes  No
- c. Are IDs checked to verify age of customers buying liquor or alcohol?  N/A  Yes  No
- d. Are there any guard dogs on the premises?  Yes  No
- e. Are firearms kept for protection or sold at the store?  Yes  No
- f. Is the premises free of debris and have cracks or broken pavement been repaired?  Yes  No
- g. Are there any operations other than yours taking place on the premises (e.g. free-lancing, car-washes, detailing, food stands, etc.)?  Yes  No
- h. Do you lease any part of the building to others?  Yes  No  
 If yes: How many square feet: \_\_\_\_\_  
 Please describe the tenants: \_\_\_\_\_
- i. Do any of the Named Insureds listed on this application have any other operations that are not operated at the premises described in this application?  Yes  No
- j. Do you use independent contractors?  Yes  No

- If yes, do they provide evidence of insurance?  Yes  No
- k. Are all gasoline pumps equipped with emergency shut-off switches?  Yes  No
- l. Do you sponsor any athletic teams or events?  Yes  No
- m. Do you operate a truck rental? (U-Haul or similar) business at this location?  Yes  No
- n. Are there any sales of Fireworks or other pyrotechnic devices?  Yes  No

**Auto Repair** (answer the questions below only if the exposure exists)

- a. Do you perform any major repairs (engine overhauls, body works, etc.)?  Yes  No
- b. Do you store customer's vehicles overnight on the premises?  Yes  No
- c. If you have a lube pit, are nets present over pits?  Yes  No
- d. Are customers allowed access to the repair area?  Yes  No
- e. Are used shop towels and all flammables stored in approved metal containers?  Yes  No
- f. Are there portable fire extinguishers maintained in all shop areas?  Yes  No

**Liquor Sales**

- a. Has the applicant's liquor license ever been revoked?  Yes  No
- b. Have employees been trained on the sale of alcohol to minors and intoxicated people?  Yes  No
- c. Are signs posted on the premises prohibiting the consumption of alcohol on premises?  Yes  No

**Car Wash** (answer the questions below only if the exposure exists)

- a. What type of car wash do you have the premises?  Self-Service  Drive-Thru  Combination
- b. Are barriers erected and signs posted to prohibit foot traffic?  Yes  No
- c. How often does the owner inspect the car wash?  Weekly  Monthly  Bi-Monthly  Annually
- d. How often does the mfg. inspect the car wash?  Weekly  Monthly  Bi-Monthly  Annually
- e. If the car wash is a drive-thru wash, are signs posted that the company is not liable for vehicle damage and the autos with non-standard equipment should not use the carwash or with vehicle damage?  Yes  No

**LP Sales** (answer the questions below only if the exposure exists)

- a. Is LP exchanged or refilled?  Exchanged  Refilled
- i. If LP is refilled, does an employee fill the tanks or does the customer?  Employee  Customer
- ii. If LP is refilled, are there protective barriers around all LP tanks and tank storage boxes?  Yes  No
- iii. If LP is refilled, are employees properly trained in refilling LPG tanks?  Yes  No
- iv. If LP is refilled, is there a regular tank inspection to check for corrosion, broken fittings, leaks, and malfunctioning equipment?  Yes  No

**16. Crime & Theft Information**

- a. Is there a central station burglar alarm system?  Yes  No
- b. Have you instructed the central station burglar alarm monitoring company to immediately notify the appropriate law enforcement agency upon each activation of the alarm?  Yes  No
- c. Do all exterior doors have double cylinder deadbolts?  Yes  No
- d. Do you have a safe on the premises?  Yes  No
- e. Are all monies and securities stored inside the locked safe at all times when your business is closed?  Yes  No
- f. Do you utilize drop safes and are there signs posted to that effect?  Yes  No
- g. Are deposits made on a daily basis?  Yes  No
- h. Does the cashier have a panic button connected to the police or Central Station Alarm?  Yes  No
- i. What is the maximum amount of cash in all registers at any one time? \$ \_\_\_\_\_
- j. Are surveillance cameras installed on the premises?  Yes  No
- i. If yes, how many cameras? \_\_\_\_\_
- ii. Do they have night vision?  Yes  No
- iii. How long are the tapes kept? \_\_\_\_\_
- iv. Are all cashier stands under constant video surveillance?  Yes  No
- v. Is video recording equipment locked away and accessible only to management?  Yes  No
- vi. Are there any cameras covering the exterior of the premises?  Yes  No
- k. Do you have any ATMs on your premises that are owned by you?  Yes  No
- If yes, do you have a surveillance camera specifically for the ATM?  Yes  No

17. Building Information (indicate year of updates – attach a separate sheet if necessary)

Prem. No.	Year Built	Roof	HVAC	Plumbing	Electrical	Square Footage	Sprinklered	Fire Alarm (Indicate L, P, or CS)
1							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
2							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
3							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS

(L=Local; P=Police Connected; CS=Central System)

- a. Have you or anyone with a financial interest in the property been convicted of arson, fraud or other crime related to loss of property owned now or during the past five years?  Yes  No
- b. Distance to nearest fire hydrant: \_\_\_\_\_ Distance to nearest fire department: \_\_\_\_\_
- c. Is there cooking or food preparation on the premises?  Yes  No
  - If yes, please answer 1-5 below:
    - i. Indicate types of food preparation:  Microwave  Pizza Oven  Grill  Fryer  
 Deli  Salad
    - ii. Is a UL approved auto-extinguishing system over all cooking surfaces and fryers?  Yes  No
    - iii. Does cooking equipment have automatic gas or electric shut-off with manual pull?  Yes  No
    - iv. Are filter cleaned at a minimum of every six months?  Yes  No
    - v. Are portable extinguishers mounted and accessible to cooking areas?  Yes  No
    - vi. Are 75% or more of restaurant receipts from sale of alcohol?  Yes  No
    - vii. Are you selling food under your own label?  Yes  No
    - viii. Is there an annual contract in place for fire protection services?  Yes  No
    - ix. Please indicate your most recent health rating: \_\_\_\_\_
- d. Are there concrete barriers protecting your pumps from vehicular damage?  Yes  No
- e. Is the canopy entirely made steel/metal or does it contain any wood parts?  Steel/Metal Only  Some Wood
- f. Does the property have any aluminum wiring?  Yes  No
  - If yes, is it corrected to prevent arching and overheating?  Yes  No
- g. Does the property meet NFPA 70 standards for wiring?  Yes  No
- h. Does the property meet NFPA 30 for storing flammable and combustible liquids?  Yes  No
- i. Are non-smoking signs prominently posted in all non-smoking areas?  Yes  No

18. Financial Information

- a. Over the past 24 months, have all of your payments to vendors and suppliers been paid within 30 days of the due date?  Yes  No
- b. Are you currently operating under any chapter of the U.S. bankruptcy code?  Yes  No

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an Insurer, submits an application or files a claim containing false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

\_\_\_\_\_  
Signature of Applicant Title Date

\_\_\_\_\_  
Signature of Producing Agent Date

\_\_\_\_\_  
Agent Name and Address

## NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING

**ARIZONA FRAUD STATEMENT** - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

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

**CALIFORNIA FRAUD STATEMENT** - For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO FRAUD STATEMENT** - 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 de-frauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA FRAUD STATEMENT - WARNING:** It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**IDAHO FRAUD STATEMENT-** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**INDIANA FRAUD STATEMENT** - Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**LOUISIANA FRAUD STATEMENT** - 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 is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE FRAUD STATEMENT** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**MINNESOTA FRAUD STATEMENT** - Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NEW HAMPSHIRE FRAUD STATEMENT** - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NEW JERSEY FRAUD STATEMENT – APPLICATION** - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO FRAUD STATEMENT** - 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 is guilty of a crime and may be subject to civil fines and criminal penalties.

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

**OKLAHOMA FRAUD STATEMENT - WARNING** - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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

**PENNSYLVANIA FRAUD STATEMENT** - 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 subjects such person to criminal and civil penalties.

**VIRGINIA, TENNESSEE FRAUD STATEMENT** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**FRAUD STATEMENT (All other states)** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly pre-presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.