

**Convenience Store Supplemental Questionnaire
(Complete in addition to Acord Application)**

APPLICANT _____

GENERAL INFORMATION:

Number of years in this type of business: _____ Number of years this business has been in operation: _____

Business Hours _____ to _____ Number of days business is open per week: _____

NAME OF PERSON TO CONTACT FOR FINANCIAL RECORDS _____

PHONE NO. _____

GENERAL LIABILITY COVERAGE INFORMATION

Store operations Gross Sales _____ (do not include Gas, LPG, Car wash or cooking sales)

Number of Self Service Gasoline pumps _____ Number of Full Service Gasoline pumps _____

Gross Annual Sales of Gasoline _____ Gross Annual Gallons sold _____

Have all underground storage tanks been replaced since 1981? Yes No If no, decline.

Any environmental (pollution) claims in the past 5 years? Yes No If yes, describe _____

Any repair facilities on premises? Yes No If yes, describe: _____

Gross annual sales of repair work _____

Any LPG sales? Yes No If yes, number of storage tanks _____

Other LPG sales, describe (such as LPG bottle exchange-rental) _____

Any self-service car washes? Yes No Number of bays _____ Gross sales _____

Other Operations, describe _____

Any firearms on premises? Yes No

Any Lapse in coverage? Yes No If yes, decline.

Ever charged with any violations? Yes No If yes, describe _____

PROPERTY COVERAGE INFORMATION

Distance from nearest: a. Responding Fire Station _____ miles b. Fire Hydrant _____ feet

Fire Extinguishers a. How many? _____ b. Serviced & Tagged within the past year? Yes No

Last renovation date for: a. Heating system _____ b. Electrical system _____ c. Roof _____

Distance to Coast _____ Eligible for Wind Pool? _____

COOKING HAZARD QUESTIONNAIRE N/A (no Cooking)

- | | Yes | No |
|---------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Is any type of cooking done on premises (please circle if microwave cooking ONLY)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. UL approved auto-extinguishing system over ALL cooking surfaces and deep fryers? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Semi-annual service contract for auto extinguishing system? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Automatic gas or electric shut off for cooking with manual pull? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are hoods and ducts equipped with filters? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are filters cleaned at a MINIMUM of every six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Are hoods and ducts cleaned at a MINIMUM of every six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Are portable fire extinguishers mounted and accessible to cooking areas? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain Cooking operations: _____

Sales: _____

AGENT/BROKER SECTION

- | | Yes | No |
|-------------------------------------------------|--------------------------|--------------------------|
| a. Is this new business to the agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you personally viewed this building? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you personally inspected this building? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. How long have you known the applicant? | _____years | |
| e. How long have you insured the applicant? | _____years | |

If coverage is provided, it will contain special exclusion (above and beyond normal policy exclusions) including, but not necessarily limited to, the following:

- a. Assault and Battery b. Liquor Liability

The Applicant, Agent 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 an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____

Producer: _____

Signature: _____

Date: _____

Producers Signature: _____