



CONVINIENT STORE/SERVICE STATION LIABILITY SUPPLEMENT

ALL QUESTIONS MUST BE ANSWERED

Effective Date: _____

GENERAL INFORMATION

Named Insured _____ DBA _____

Years in business? _____ Years with same management? _____

If someone, other than you will be managing the business, what prior experience have they had in this type of operation?

Are there any habitational units on your premises? Yes No

Are any buildings vacant? Yes No

REVENUE

	Location 1	Location 2	Location 3
Retail Sales	\$	\$	\$
Gasoline	gallons	gallons	gallons
Food/Restaurant	\$	\$	\$
Liquor	\$	\$	\$
LPG	\$	\$	\$
Car Wash	\$	\$	\$
Auto Accessories Sales	\$	\$	\$
Other	\$	\$	\$
Total Gross Revenue (these exposures are auditable)	\$	\$	\$
Total Employees	FT/ PT/	FT/ PT/	FT/ PT/
Number of Gasoline or Diesel Pump Nozzles			
Store Area – square feet			

SECURITY INFORMATION

Is the property protected by a Central Station Burglar Alarm? Yes No If yes, manufacturer and type _____

Are there working video cameras located in the store? Yes No

Are there working video cameras located in the parking lot? Yes No

Does the parking light have dusk to dawn lights? Yes No

Do you employ security guards? Yes No

If yes, are the guards armed? Yes No

Do you hire a security service? Yes No

If yes, name of carrier, limits and effective dates _____

Are you named as an additional insured? Yes No

Is there a hold harmless agreement in favor of you? Yes No

Have any crimes against third parties been committed on the premises during the last three years? Yes No

If yes, describe _____

Have any crimes against you been committed on the premises during the last three years? Yes No

If yes, describe _____

Do you obtain certificates of insurance from all vendors/tenants naming you as an additional insured? Yes No

Are there hold harmless agreements in favor of you with all vendors/tenants? Yes No

Are there any firearms on premises? Yes No

If yes, are they owned by you or your employees? Yes No

If no, describe hold harmless agreement with the owner _____

Are NO LOITERING signs posted? Yes No

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

Do customers have access to inside the store if only one attendant is on duty? Yes No

Does the cashier/attendant have a panic button to alert police on duty? Yes No

SAFETY INFORMATION

Do you have a documented safety program? Yes No

Do you have a documented housekeeping program? Yes No

If food is prepared and sold, is there documentation in place for the proper handling and storing? Yes No
Age of building? _____

RETAIL SERVICES

Operating hours _____ to _____ Number of days per week _____

Are any of the following operations conducted you on insured premises?

- | | | | |
|------------------------------------|--|---|---|
| <input type="checkbox"/> ATM | <input type="checkbox"/> Cooking or Frying | <input type="checkbox"/> Lottery Machines | <input type="checkbox"/> Lottery Sales-Over the Counter |
| <input type="checkbox"/> LPG Sales | <input type="checkbox"/> LPG Tank Filling | <input type="checkbox"/> LPG Tank Swap | <input type="checkbox"/> LPG Filled by Customer |
| <input type="checkbox"/> Toy Sales | <input type="checkbox"/> Liquor Sales | <input type="checkbox"/> Fireworks Sales | <input type="checkbox"/> Ammunition Sales |

Any weapons or sporting goods sold on the premises? Yes No If so what? _____

List the percentage of LPG tank filling to total gross revenue _____%

How many LPG tanks (not Are LPG tanks protected)? Yes No

If so, how? _____

Are gasoline pumps protected? Yes No

If so, how? _____

Are there any products packaged and sold in your name? Yes No

Are any auto repairs performed on the premises? Yes No

LESSOR'S RISK

Commercial Buildings - Leased to Others (describe) _____

Square Footage - Building _____sf Square Footage - Parking _____sf Annual Rent Receipts \$ _____

RESTAURANT/FOOD SERVICE

Name of owner/lessee if other than the insured _____ Years of experience _____

Please indicate which of the following apply and the number of each:

Ranges _____ Ovens _____ Deep Fryers _____ Grills _____ Broilers _____ Griddles _____

Microwaves _____ Pizza Ovens _____ Deli _____ Salad Bar _____ Other _____

Are deep fryers controlled by a 475 degree high-limit thermostat? Yes No

Is the distance between other cooking surfaces and the deep fryer a minimum of 16 inches? Yes No

Are all combustible walls greater than 18 inches from the nearest cooking unit? Yes No

Are all cooking units covered by hoods and vents? Yes No

Do ventilation control and fire protection systems conform to National Fire Protection Assoc. (96) guidelines? Yes No

How often is the extinguishing system serviced? _____ By whom? _____

How often is the hood and duct system cleaned? _____ By whom? _____

Is an automatic fuel shut-off provided? Yes No

Are proper portable fire extinguishers provided in the kitchen? Yes No

LIQUOR LIABILITY

Do you sell liquor? Yes No

<u>Type of Operation</u>	<u>Receipts from liquor</u>
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Carry out liquor sales	\$ _____
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Any on-premises consumption allowed? Yes No

<input type="checkbox"/> Restaurant/Snack Bar	\$ _____
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<input type="checkbox"/> Bar or Lounge	\$ _____
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<input type="checkbox"/> Other (explain) _____	\$ _____
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Describe training provided for those who serve or sell alcohol: _____

Are signs displayed stating the minimum age to purchase liquor or alcohol is 21 years of age or as per State law? Yes No

Is ID checked where liquor/alcohol purchased by individuals who look under the age of 30? Yes No

PLAYGROUND INFORMATION

Do playground surfaces (under/around playground equipment) contain a minimum of 12 inches of wood chips, mulch, sand, pea gravel or safety-tested rubber mats/tiles? Yes No

Are all spaces/openings in guardrails or between ladder rungs, less than 3.5 inches apart or more than 9 inches apart? Yes No

Are all elevated surfaces, like platforms and ramps, supplied with guardrails to prevent falls? Yes No

Is the playground area and equipment scheduled for weekly inspection and maintenance? Yes No

OTHER SERVICES OR ACTIVITIES - If you provide any other service or activity (i.e. arcade, laundromat, cell tower) not previously mentioned, please furnish complete details and receipts. _____

Are any other businesses owned by you under the same business name? Yes No If Yes, describe: _____

LIMITS OF INSURANCE

Please select the desired limits of insurance coverage:

Liability Limit

\$500,000 occurrence/\$500,000 aggregate \$500,000 occurrence/\$1,000,000 aggregate

\$1,000,000 occurrence/\$1,000,000 aggregate \$1,000,000 occurrence/\$2,000,000 aggregate

LIQUOR LIABILITY COVERAGE Yes No

Liquor Liability Limit: \$ _____

APPLICANT WARRANTS THAT ALL FEDERAL AND STATE REQUIREMENTS CONCERNING FINANCIAL RESPONSIBILITY IN SUBTITLE 1 OF THE RESOURCE CONSERVATION AND RECOVERY ACT HAVE BEEN MET UNDER SEPARATE ARRANGEMENTS.

Applicant acknowledges that the insurance policy they are applying for will not provide coverage to the Applicant for any statutory or regulatory requirements, or any actual or alleged legal liability, resulting in whole or part from Pollutants.

In the event the Applicant elects to purchase the quoted insurance please refer to the Pollution Exclusion within the policy for clarification.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Applicant Signature: _____