

CONVENIENCE STORES SUPPLEMENTAL (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address Street City County State ZIP Code

BUSINESS INFORMATION

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are you in compliance with all applicable laws and ordinances pertaining to licensing or codes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any firearms on site or have armed security?
If yes, prohibit. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you provide any delivery services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you provide any drive-thru services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is store open 24 hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Describe safety controls: e.g., security camera, panic alarms and alarms that are received at a central station: | | |

7. Square footage of building: _____

8. Estimated Annual

Class Description	Class Code	Exposure
Convenience Store Sales	13673	Sales - \$
Gasoline Stations – Full Service	13453	Gallons:
Gasoline Stations – Full & Self Service Combined	13455	Gallons:
Car Washes – Self Service	10368	Sales - \$
Car Washes – Other Than Self Service	10367	Sales - \$
Liquor Sales	59211-002	Sales - \$
LPG Gas Sales From Tank Filling	13412	Sales - \$
LPG Gas Sales From Tank Swap Program	13412	Sales - \$

COOKING HAZARDS N/A

- | | | | | |
|---|------------------------------|-----------------------------|--------------------------|--------------------------|
| 1. Is any type of cooking or food preparation done on premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 2. Type of cooking equipment used: Grill _____ Fryer _____ Other _____ | | | | |
| | | | Yes | No |
| 3. Automatic gas or electric shut-off for cooking with manual pull? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are hoods and ducts equipped with filters? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are filters cleaned at a MINIMUM of every six months? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are hoods and ducts cleaned at a MINIMUM of every six months? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are portable fire extinguishers mounted and accessible to cooking areas? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Semi-annual service contract for auto extinguishing system? | | | <input type="checkbox"/> | <input type="checkbox"/> |

GASOLINE SALES AND OTHER AUTOMOBILE EXPOSURES N/A

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Emergency automatic shut-off accessible to employees and customers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there any auto repair on premises?
<i>If yes, Auto Service & Repair Supplement, S2810-CG required.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

LIQUOR SALES N/A

	Yes	No
Do you sell alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
1. If yes, do you sell it for on premises consumption?	<input type="checkbox"/>	<input type="checkbox"/>
2. If yes, do you provide employees with written policies and procedures regarding non-service to minors and intoxicated persons?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your license to sell alcohol ever been suspended or revoked or restricted in any way due to failure to comply with licensing standards or codes?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever sell over the internet? If yes, estimated internet sales. \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you had any liquor violations in the past 3 years? If yes, how many? _____ Describe:	<input type="checkbox"/>	<input type="checkbox"/>

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Agent Name and Address		
