

CONVENIENCE STORE / GROCERY STORE SUPPLEMENTAL (With or Without Gas Sales)



(Complete in addition to the **Acord** General Liability Application)
(Answer **ALL** questions - if they do not apply, indicate not applicable)

NAME (include dba / Inc. / LLC) : _____

1. Location: _____

2. Number of years in this type of business: _____ Number of years at this location: _____
Business Hours: _____ to _____ Number of days the business is open per week: _____

3. **Financial Information:** Fiscal year (month & year): _____

a. Alcohol Sales (Beer, Wine, Liquor).....\$	_____	Describe: _____
b. Grocery Sales.....\$	_____	
c. Tobacco Sales.....\$	_____	
d. Restaurant Food Sales (Deli, cooked food, etc...).....\$	_____	
e. Other (bait, tackle, ammunition, rentals, etc.)\$	_____	
f. Fuel Sales.....\$	_____	
g. Gross Annual Income & Sales:.....\$	_____	

4. **General Information:**

- a. Does the store sell the following information:
- | | | |
|---|--|--|
| Fireworks..... | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Firearms and/or ammunition..... | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Gasoline, Diesel, or Kerosene Fuel..... | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, number of pumps: _____ |
| Are there protective barriers around the fuel pumps?..... | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| LPG (liquid petroleum gas) tank filling..... | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, by employee or customer? _____ |
| LPG (liquid petroleum gas) tank swapping..... | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, number of tanks: _____ |
| Are there protective barriers around the LPG tanks?..... | <input type="checkbox"/> yes <input type="checkbox"/> no | |
- b. Any auto repair or service operation?..... yes no
- c. Any car wash operation on the premises?..... yes no
- | | |
|---|----------------------------------|
| <input type="checkbox"/> Attached or <input type="checkbox"/> Detached | Area (sq. ft) of car wash: _____ |
| <input type="checkbox"/> Fully Automated or <input type="checkbox"/> Self - Service | Number of bays: _____ |
- d. Are alcoholic beverages consumed on the premises?..... yes no
- e. Will the store cash checks for a fee?..... yes no
- f. Any video rental operation on the premises?..... yes no
- g. Total area (square footage) of building? _____
- | | | |
|--|-----------------------------------|-------------------------------|
| Area of Convenience / Grocery Store: _____ | Storage Area: _____ | Attached Car Wash Area: _____ |
| Area of deli, snack bar or restaurant: _____ (Restaurant / Kitchen section MUST be completed) | | |
| Area of Apartment unit(s): _____ | Number of units: _____ | |
| Area leased to others: _____ | Describe type of operation: _____ | |
- h. Are there any security guards on the premises?..... yes no If yes, # of unarmed: _____ armed: _____
- i. Fire Extinguishers?..... yes no How Many? _____
- Serviced & Tagged within the past year?..... yes no
- j. Does the cashier have a panic button direct to the police or alarm company?..... yes no
- k. Is there a surveillance camera on the premises?..... yes no

5. **General Liability Information:**

- a. Area of Parking Lot: _____ square feet
Is applicant responsible for care . maintenance of lot?..... yes no
- b. Surface of parking lot: Gravel Concrete Asphalt No Parking Other: _____
- c. Number of Exits: _____ Are all exits marked with exits signs?..... yes no
- d. Are all exits equipped with panic door hardware?..... yes no
If no, are all exits kept unlocked during business hours?..... yes no
- e. Any weapons or firearms on the premises?..... yes no
- f. Have there been any health or safety violations?..... yes no

CONVENIENCE STORE / GROCERY STORE SUPPLEMENTAL

Continued

6. Restaurant / Kitchen Section: Complete this section if there is any type of food prepared at the convenience / grocery store.

- a. Type of cooking: Microwave Pizza Oven Grill Fryer Deli Fast Food Restaurant
 Other (describe): _____
- b. UL approved auto extinguishing system over **ALL** cooking surfaces and deep fryers?..... yes no
 Type of system: Wet Chemical (UL 300 Approved) Dry Chemical
- c. Semi-annual service contract for auto extinguishing system?..... yes no
- d. **Automatic** gas or electric shut off for cooking with manual pull?..... yes no
- e. Are hoods and ducts equipped with filters?..... yes no
- f. Are filters cleaned at a MINIMUM of every six months?..... yes no
- g. Are hoods and ducts cleaned at a MINIMUM of every six months?..... yes no
- h. Are portable fire extinguishers mounted and accessible to cooking areas?..... yes no
- i. Is there seating?..... yes no
- j. Is it carry out only?..... yes no

7. Property Section: Complete this section if property coverage is desired.

- a. Alarm and Security systems
 - 1) Burglary alarm..... yes no
 If yes, Central Station Local Gong UL Cert No. _____
 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 the premises?..... yes no
 - 4) Fire alarm..... yes no
 If yes, Central Station Local Gong UL Cert No. _____
 - 5) Smoke alarm..... yes no
 - 6) Sprinkler..... yes no
 If yes, percentage (%) of square footage covered by the sprinkler? _____
- b. Type of wiring: Copper Aluminum Pigtailed
- c. Any wood-burning devices on the premises?..... yes no
- d. Type of roof: Wood Shake / Shingle Comp Asphalt Is roof : Flat Pitched
- e. Values: Our policy does not provide Blanket coverage. Show **NA** if not applicable

	Building #1	Building #2	Building #3	Contents (excluding EDP)
C-Store Building	_____	_____	_____	_____
Warehouse Building	_____	_____	_____	_____
Freestanding Kiosk	_____	_____	_____	_____
Car Wash Building	_____	_____	_____	_____
Fuel Pumps (no tanks)	_____	_____	_____	Excluded per form
Detached Canopy	_____	_____	_____	N/A
Detached Sign	_____	_____	_____	N/A
Detached Awning	_____	_____	_____	N/A

- f. Distance from nearest: Responding Fire Station _____ miles Fire Hydrant _____ feet
- g. Year built: _____ Number of stories _____ Construction: Frame Other: _____
- h. Total square footage _____ Square footage occupied by applicant: _____
- i. Fire Extinguishers: yes no How many? _____
- j. Last date for update of the following (show NA if not updated):

Roof: _____ Plumbing: _____ Electrical system: _____ HVAC: _____

This supplemental application does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. 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's Signature Print Signee Date Producer's Signature