

CONVENIENCE STORES INSURANCE APPLICATION

1. First Named Insured: _____
(First Named Insured is responsible for premium payment, cancellation and changes – refer to policy wording.)
2. Type of Entity: Individual Joint Venture Partnership Organization (incl. Corporation) LLC Trust
3. Other Insureds: _____
Relationship to the First Named Insured: _____
4. Mailing Address: _____
Street City County State ZIP Code
5. Contact Name: _____ Phone No.: _____ Fax No.: _____
Email address: _____ Website Address: _____
6. Effective Date Desired: _____
7. Mortgagor: _____
Name Street City State ZIP Code

8. Property Location Information

Loc. No.	Street Address	City	County	State	Zip Code
1					

9. Loss Information – (Loss Information for the past three years is required. If no insurance – state no insurance.)

Year	Carrier	Policy No.	Incurred Losses	Description of Loss

10. Mortgagor (M) Additional Insured (AI) and Loss Payees (LP):

Type	Name	Address	City	State	Zip Code

Coverages

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

Loc. No.	Bldg #	Coverage	Limit of Insurance	ACV, RC or Agreed	Co-Ins.	Constr. Class	PC	Ded.
1	1	Building			80%			
1	1	BPP			80%			
1	1	Pumps			80%			
1	1	Canopies		ACV	80%			
1	1	Business Income			80%			

Optional Exclusions: Theft Vandalism Windstorm/Hail

Coverage Extensions:

The following coverages are provided without additional charge at the limit indicated. For higher limits please indicate desired limit in space below.

Coverage	Limit Provided	Desired Limit	Coverage	Limit Provided	Desired Limit
Accounts Receivable	\$10,000		Money & Securities - Outside	\$2,000	
Animal Damage	\$2,500		Newly Acquired Building	\$250,000	
Auto Fire System Recharge	\$2,500		Newly Acquired BPP	\$100,000	
Consequential Loss	\$5,000		Non-Owned Trailer	\$5,000	
Debris Removal	\$10,000		Off Premises Utility Failure	\$10,000	
Electronic Data	\$2,500		Outdoor Property incl. Signs	\$5,000	
Employee Dishonesty	\$5,000		Personal Effects	\$5,000	
Fine Arts	\$5,000		Pollution Clean-Up	\$10,000	
FD Service Charge	\$5,000		Property In Transit	\$5,000	
Fire Extinguisher Recharge	\$2,500		Property Off Premises	\$10,000	
Increased Cost of Construction	\$10,000		Sewer Back-Up	\$2,500	
Key Replacement	\$2,500		Spoilage	\$10,000	
Money & Securities -Inside	\$5,000		Valuable Papers	\$10,000	

General Liability Limits

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

UNDERWRITING INFORMATION

General Section

1. Operation Information

Devices	No. of	Service	Receipts	Operations	
Gas Pumps		Gas	\$	Years in Business	yrs
LPG Tanks		Grocery Items	\$	Hour Opened	a.m.
		Liquor	\$	Hour Closed	p.m.
		Car Wash	\$	No. of Employees	
		Repairs	\$	Square Footage	
		Restaurant	\$		

2. Management Personnel:

Name	Age	Length of Employment	Years Experience

GENERAL LIABILITY UNDERWRITING

1. Has any policy been cancelled or non-renewed in the last three years? Yes No
2. Are procedures displayed and followed to verify age of customers buying tobacco? Yes No
3. Are IDs checked to verify age of customers buying liquor or alcohol? Yes No NA
4. Are there any guard dogs on the premise? Yes No
5. Are firearms kept for protection or sold at the store? Yes No
6. Is the premise free of debris and have cracks or broken pavement been repaired? Yes No
7. Do you perform any major repairs (engine overhauls, body works, etc)? Yes No
8. Do you store customer's vehicles overnight on the premise? Yes No NA
9. If you have a lube pit are nets present over pits? Yes No NA
10. Are customers allowed access to the repair area? Yes No NA
11. Has the applicant's liquor license ever been revoked? Yes No NA
12. Have employees been trained on the sale of alcohol to minors & intoxicated people? Yes No NA
13. Are signs posted on the premises prohibiting the consumption of alcohol on premise? Yes No NA
14. If a car wash is present are barriers erected and signs posted to prohibit foot traffic? Yes No NA
15. a. How often does the owner inspect the car wash? Weekly Monthly Bi-Monthly Annually
16. b. How often does the mfg. inspect the car wash? Weekly Monthly Bi-Monthly Annually
17. If LP is sold is it exchanged or refilled? Exchanged Refilled NA
 - a. If refilled does an employee fill the tanks or does the customer? Employee Customer
 - b. Is there a protective barrier around the LP tank? Yes No
18. Are there are any operations other than yours taking place on the premises? (examples: free lancing carwashes, detailing, food stands, etc.) Yes No
19. Do you lease any part of the building to others, if yes? How many Sq. Ft? _____ Yes No
 Describe tenants: _____

CRIME/THEFT UNDERWRITING

1. Is there a central station alarm system? Yes No
 If yes, who monitors _____ Maximum Response Time _____
2. Do all exterior doors have double cylinder deadbolts? Yes No
3. Do you have a safe on the premise? Yes No
 If yes, what type of safe (e.g. TL15 or TL30) _____
4. Do you have security bars on the windows and doors? Yes No
5. Do you utilize drop safes and are there signs posted to that effect? Yes No
6. Are deposits made on a daily basis? Yes No

CRIME/THEFT UNDERWRITING - continued

- 7. Does the cashier have a panic button connected to the police or Central Station Alarm? Yes No
- 8. What is the maximum amount of cash in all registers at any one time? \$_____
- 9. Are surveillance cameras installed on the premise? Yes No
 - a. If yes, how many cameras _____ Do they have night vision? Yes No
 - b. How long are the tapes kept? _____ Yes No
- 10. Are there any security guards on the premises? Yes No
 - If yes, are they armed? Yes No
 - Are they employees or independent contractors? Employees Independent Contractors

PROPERTY UNDERWRITING

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

Prem #	Bldg. Age	Roof	HVAC	Plumbing	Electrical	Sprinklered (Circle One)	Fire Alarm* (Circle One)
1						Yes No	L P CS
2						Yes No	L P CS

* (L=local, P=Police Connected, CS= Central Station)

- 2. 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
- 3. Distance to nearest fire hydrant? _____ Distance to nearest Fire Department? _____
- 4. Is there cooking or food preparation on the premises? Yes No
 - If yes, indicate types of food preparation? Microwave Pizza Oven Grill Fryer Deli Salad
 - If yes, is a UL approved auto-extinguishing system over all cooking surfaces and fryers? Yes No
 - If yes, is an automatic gas or electric shut-off for cooking with manual pull? Yes No
 - If yes, are filters cleaned at a minimum of every six months? Yes No
 - If yes, are portable extinguishers mounted and accessible to cooking areas? Yes No
- 5. Are used shop towels and all flammable stored in approved metal containers? Yes No
- 6. Are there portable fire extinguishers maintained in all shop areas? Yes No
- 7. Are there concrete barriers protecting your pumps from vehicular damage? Yes No
- 8. Is the canopy entirely made of steel/metal or does it contain any wood parts? Steel/Metal only Some Wood

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

Phone Number

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 confine-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.

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 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 confine-confinement in prison.