

CONVENIENCE STORE QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

Do all professionals, and the business, have current licenses where required by statute? Yes No

If the business maintains a web site, state the address: _____

OPERATIONS

1. Annual Gross Sales: _____ \$ _____

Store – groceries, etc.	\$ _____		
Restaurant/concessions	\$ _____		
Gasoline	\$ _____	gallons	# _____
Liquor/tavern	\$ _____		
Tobacco	\$ _____		
Lottery	\$ _____	machines	# _____
Car wash	\$ _____	bays	# _____
Car service or repairs	\$ _____	bays	# _____
LP Gas/Kerosene	\$ _____	gallons	# _____
Other:	\$ _____	describe:	_____
Total Annual Sales	\$ 0.00		

2. Do you have gasoline sales that exceed 75% of the total annual gross receipts? Yes No

a. Number of self-service gasoline pumps: _____

b. Number of full-service gasoline pumps: _____

3. Do you store gasoline above ground? Yes No

4. Have all underground storage tanks been replaced since 1981? Yes No

5. Do you display and follow procedures to verify the age of customers purchasing tobacco? Yes No

6. Do you have a car wash that has more than one (1) brushless automatic car wash or self-service car wash bay? Yes No

7. Do you provide automobile service and repair? If yes, describe: Yes No

8. Do you fill propane or kerosene tanks? (Tank exchange operations ARE eligible.) Yes No

a. Are there protective barriers around the tanks? Yes No

b. LPG tank filling? Yes No

c. By employee or customer? _____

d. Tank swap receipts: \$ _____

9. Operating hours of the business: _____

10. Is there an ATM on the premises? Yes No

11. Any firearms on premises? Yes No

a. Is there an apartment exposure? Yes No

LIQUOR SALES

12. Advise type of training of Owners, Managers, Employees:

13. Has liquor license ever been suspended or revoked? Yes No

14. Is liquor liability coverage in place? Yes No

COOKING HAZARDS (COMPLETE IF APPLICABLE)

15. Is there any cooking or food preparation on premises? Yes No

If yes, which type: Microwave Pizza Oven Grill Fryer Deli Salad Bar
 Other _____

16. UL approved auto-extinguishing system over ALL cooking surfaces and deep fryers? Yes No

If yes, do you have a semiannual service contract for auto extinguishing system? Yes No

17. Automatic gas or electric shut off for cooking with manual pull? Yes No

18. Are hoods and ducts equipped with filters? Yes No

a. Are filters cleaned at a MINIMUM of every six months? Yes No

b. Are hoods and ducts cleaned at a MINIMUM of every six months? Yes No

19. Are portable extinguishers mounted and accessible to cooking areas? Yes No

THEFT & CRIME COVERAGE (COMPLETE IF THEFT OR CRIME COVERAGE IS REQUESTED)

20. Is there a burglar alarm? If yes, type: Yes No

21. Does the cashier have a panic button direct to the police or alarm company? Yes No

22. Maximum amount of cash or checks on premise: \$ _____

23. Who is responsible for deposits and how frequently are they made?

24. Do routes to the bank vary daily when making deposits: Yes No

25. Is there a locked safe on premises? Yes No

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

27. Is there a surveillance camera on premises? Yes No

28. Are there any security guards on premises? Yes No

a. If yes, number of: _____ Unarmed: _____ Armed: _____

b. If yes, are they employees or independent contractors? _____

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**



Capitol Indemnity Corporation
Capitol Specialty Insurance Corporation
Platte River Insurance Company

(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.)

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address