

## 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:	_____
<b>Total Annual Sales</b>	<b>\$ 0.00</b>		

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.)

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Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address