
CONVENIENCE STORE QUESTIONNAIRE

1. Name of Applicant _____

GENERAL INFORMATION

1. Telephone () _____ Fax () _____
2. Contact person/phone #: Inspection _____
Accounting/Records _____
3. Interest of Named Insured in premises: Owner General Lessee Tenant Other
4. Date business established _____ Number of years under the same management _____

OPERATIONS

1. Store operations gross sales: \$ _____ (Do not include Gas, LPG, Car wash or cooking sales)
2. Tobacco Sales: \$ _____
Are procedures displayed and followed to verify age of customers purchasing tobacco? Yes NO
3. Is there an ATM on the premises? Yes No
4. Operating hours: _____ to _____
Number of days per week _____
5. Any firearms on premises? Yes No
6. Is there a habitat ional / apartment exposure? Yes No
If yes, number of units: _____
7. LPG Sales \$ _____ Yes No
Are there protective barriers around the tanks? Yes No
LPG tank filling? Yes No
By employee or customer? _____
Tank swap receipts \$ _____
Are there lottery machines? Yes No
If yes, total sales: \$ _____

LIQUOR SALES

1. Liquor Sales \$ _____
2. Advise type of training of Owners, Managers, Employees: _____

3. Liquor license held? Yes No
If yes, has liquor license ever been suspended or revoked? Yes No
4. Is liquor liability coverage in place? Yes No

GASOLINE SALES AND OTHER AUTOMOBILE EXPOSURES

1. Gas Sales \$ _____
 - a. Number of gallons sold: _____
 - b. Number of self service gasoline pumps: _____
 - c. Number of Full Service Gasoline Pumps: _____
2. Have all underground storage tanks been replaced since 1981? Yes No
3. Car Wash Sales \$ _____ Number of bays: _____
4. Any repair facilities? Yes No
If yes, describe: _____

COOKING HAZARDS (COMPLETE IF APPLICABLE)

1. Is there any cooking or food preparation on premises? Yes No
 - Microwave Pizza Oven Grill Fryer Deli Salad Bar
 - Other _____
2. UL approved auto-extinguishing system over ALL cooking surfaces and deep fryers? Yes No
 - a. Semiannual service contract for auto extinguishing system? Yes No
3. Automatic gas or electric shut off for cooking with manual pull? Yes No
4. 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
5. Are portable extinguishers mounted and accessible to cooking areas? Yes No

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

1. Is there a burglar alarm? Yes No
 If yes, type: _____
2. Des the cashier have a panic button direct to the police or alarm company? Yes No
3. Average amount of cash: \$ _____
 Maximum amount of cash or checks on premise: \$ _____
4. Who is responsible for deposits & frequency of deposits? _____
5. Do routes to the bank vary daily when making deposits? Yes No
6. Is there a lock safe on premise? Yes No
 Time intervals: _____
7. Minimum number of cashiers/attendants on duty at any one time: _____
8. Is there a surveillance camera on premises? Yes No
9. 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? _____

FRAUD STATEMENT

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 a false or deceptive statement may be guilty of insurance fraud and subject to finds and/or imprisonment. Any changes in your operation must be reported to your agent.

 Signature of Applicant Title
 Date

 Signature of Producing Agent
 Date

 Agent Name and Address