

## 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<br>(Circle One) | Fire Alarm*<br>(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.