



Convenience Store - Quick Application

SIU Producer #: _____

Name of Business DBA: _____

Corporation Name: _____ Effective Date: _____

Owner Name: _____ Phone: _____

Inspection Contact: _____ Phone: _____

E-Mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Insured is: Corporation Partnership Individual LLC

No. of Years in Business: _____ Years Experience in this Industry: _____

Any bankruptcies or foreclosures in the last 5 years? Yes No

Any above ground storage of gasoline? Yes No

Hours of Operation: _____ Total Number of Employees: _____

Total Annual Store Receipts/Sales: \$ _____ (Exclude gasoline sales)

Annual Gallons Sold: _____ Percentage of Store Receipts are Alcohol Sales % _____

If Cooking on site what are annual food receipts? _____

Property Section

Type of Business: _____

Construction: Frame Joisted Masonry Non-Combust Masonry Non-Combust

Year Built: _____ Square Feet: _____ No. Stories: _____

Inside or Outside City Limits? _____ Protection Class: _____

Year Wiring Updated/installed: _____ Year Plumbing Updated/installed: _____

Year Heating Updated/installed: _____ Year Roof Updated/installed: _____

Sprinkler system throughout entire structure? Yes No

Burglar Alarm Type: Local Central Direct None

Fire Alarm Type: Local Central Direct Hardwire Battery None

Type of cooking on premises: Fryer Microwave Hot Plates Grill

Do All Cooking surfaces have functioning Automatic Extinguishing System? Yes No NA

Type of Automatic Fire Suppression System. Wet Dry NA UL-300 approved? Yes No

Fire suppression system & hood/duct with semi-annual maint/clean contract? Yes No NA

Property Limits/Coverage

Coverage	Co-Ins	Deductible	Cause of Loss	Valuation	Limits
Building:	_____ %	\$ _____	<input type="checkbox"/> Basic	<input type="checkbox"/> ACV	\$ _____
BPP:	_____ %	\$ _____	<input type="checkbox"/> Broad	<input type="checkbox"/> R C	\$ _____
BI:	_____ %	\$ _____	<input type="checkbox"/> Special	<input type="checkbox"/> ML	\$ _____
Canopy:	_____ %	\$ _____	"	"	\$ _____
Pumps:	_____ %	\$ _____	"	"	\$ _____

Sign: (Describe) _____ \$ _____

Spoilage Limit: _____ Ded \$ 500

Any Car Wash/Auto Service ? Yes No Property Value? _____ Revenue\$ _____
 Any Video gaming machines? Yes No Number of machines? _____ Annual Receipts? _____
 Any LPG gas or propane exchange sales? Yes No
 Any tank filling operations on premises? Yes No
 Are employees trained on how to properly fill tanks? Yes No
 Are customers allowed to fill tanks? Yes No
 Are sales less than 10% of overall operation? Yes No

Crime Coverage

Employee Dishonesty \$ _____ Money & Securities \$ _____ Ded \$ _____
 Are money and securities stored in a safe or valut? Yes No
 Equipped with UL certified, centrally monitored burgular alarm w/ door/ window contacts? Yes No
 Equipped with a panic/hold-up alarm? Yes No

Equipment Breakdown Coverage Desired? Yes No

Liability Limits (per Occurrence)

Each Occurrence \$ _____
 General Aggregate (other than Products/Completed Operations) \$ _____
 Products & Completed Operations Aggregate \$ _____
 Personal & Advertizing Injury (Any one person or organization) \$ _____
 Damage to Premises Rented to You (Any one Premises) \$ _____
 Medical Expense (Any One Person) \$ _____

Any firearms or armed security on the premises? Yes No

Liquor Liability Yes No If yes, Limits Desired : \$ _____

Are they licensed to sell? Yes No
 Any package store alcohol sales after 2 a.m.? Yes No
 Any prior alcohol violations? Yes No
 Procedures in place to regulate the sale of alcohol to minors (ID requirement)? Yes No
 Procedures in place to reserve right to sell/service those who appear intoxicated? Yes No

Umbrella Yes No If yes, Limits Desired : \$ _____

Extend coverage over auto? Yes No
 Company Name: _____ Underlying limit? _____

Extend coverage over employers liability? Yes No
 Company Name: _____ Underlying limit? _____

Auto Coverage

Do you need Hired/Non-Owned Commercial Auto Liability Coverage? Yes No Limit: _____
 Annual Cost of Hire: _____ No. of Drivers: _____ Delivery Provided? Yes No

Mortgagee: _____

Additional Insured: _____

Loss History Current Carrier: _____ Policy Expiration Date: _____

Any Prior Losses for All lines of business: Yes No If yes, explain below:
 Date of Loss: _____ Cause of Loss: _____ Amount Paid: _____
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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____