



# CONVENIENCE STORES SUPPLEMENTAL APPLICATION

DATE (MM/DD/YYYY)

NAME (First Named Insured) AND MAILING ADDRESS		AGENCY	
PROPOSED EFF DATE	PROPOSED EXP DATE	CODE:	
		CONTACT NAME:	

## SUPPLEMENTAL QUESTIONS

PROVIDE EXPLANATIONS WHEN NECESSARY		YES	NO
1.	HOURS OF OPERATION: _____		
2.	TOTAL SALES: \$ _____ PERCENT GAS: _____% PERCENT LIQUOR: _____% PERCENT LOTTERY: _____%		
3.	CASH HANDLED DAILY: AVERAGE \$ _____ MAXIMUM \$ _____		
4.	DATE OF LAST PARKING LOT RESURFACING: _____		
5.	NUMBER OF PUMPS: _____		
6.	FREQUENCY OF POLICE PATROLS: _____		
7.	IS THERE AN <b>ACTIVE</b> AUTOMATIC FIRE ALARM? IS IT CONNECTED TO A CENTRAL STATION?	<input type="checkbox"/>	<input type="checkbox"/>
8.	IS THERE AN <b>ACTIVE</b> AUTOMATIC BURGLAR ALARM? IS IT CONNECTED TO A CENTRAL STATION?	<input type="checkbox"/>	<input type="checkbox"/>
9.	IS THERE AN <b>ACTIVE</b> AUTOMATIC SPRINKLER SYSTEM? IS IT CONNECTED TO A CENTRAL STATION?	<input type="checkbox"/>	<input type="checkbox"/>
11.	IS THERE ADEQUATE LIGHTING?	<input type="checkbox"/>	<input type="checkbox"/>
12.	IS THERE A FLOOR SAFE?	<input type="checkbox"/>	<input type="checkbox"/>
13.	ARE THERE FIREARMS OR OTHER WEAPONS ON PREMISES? PLEASE DESCRIBE ANY ADDITIONAL SECURITY OF FEATURES OF THIS BUILDING.	<input type="checkbox"/>	<input type="checkbox"/>
14.	ARE THERE TRAINING PROCEDURES IN PLACE FOR SHOPLIFTING AND ROBBERY?	<input type="checkbox"/>	<input type="checkbox"/>
15.	IS THERE AN EMPLOYEE CHECKLIST FOR SLIP AND TRIP HAZARDS? (I.E.-SIDEWALKS, WET FLOORS)	<input type="checkbox"/>	<input type="checkbox"/>
16.	DOES THE INSURED ALLOW ANY SEASONAL OPERATIONS? (I.E.-FIREWORKS OR CHRISTMAS TREES SALES)	<input type="checkbox"/>	<input type="checkbox"/>
17.	DOES THE INSURED HAVE POSTED "NO LOITERING" SIGNS?	<input type="checkbox"/>	<input type="checkbox"/>
18.	IF THERE IS AN ATM ON PREMISES, IS THE INSURED RESPONSIBLE FOR ANY MONIES?	<input type="checkbox"/>	<input type="checkbox"/>
19.	IS THERE A CAR WASH FACILITY?	<input type="checkbox"/>	<input type="checkbox"/>
20.	DOES THE INSURED RENT ANY ITEMS? IF SO, PLEASE DESCRIBE:	<input type="checkbox"/>	<input type="checkbox"/>
21.	DOES THE INSURED SELL PROPANE OF ANY TYPE?	<input type="checkbox"/>	<input type="checkbox"/>
22.	ANY TOWING, GAS DELIVERY, OR REPAIR OPERATIONS AT THIS BUSINESS?	<input type="checkbox"/>	<input type="checkbox"/>

**THE FOLLOWING QUESTIONS CONCERN ASSOCIATED STORAGE TANKS**

		YES	NO
23.	DISTANCE FROM OCCUPIED PREMISES AND OCCUPANCY (PLEASE BE SURE TO SHOW ALL DIRECTIONS).		
24.	HOW CLOSE TO THE CITY WATER SUPPLY?		
25.	HOW CLOSE TO OTHER BODIES OF WATER (DESIGNATE STREAM, LAKE, ETC)?		
26.	IS THERE A DAILY INVENTORY TAKEN?	<input type="checkbox"/>	<input type="checkbox"/>
27.	GAS PUMPS PROTECTED WITH BARRICADES OR POSTS? <input type="checkbox"/> BARRICADES <input type="checkbox"/> POSTS		
28.	HAS ANY TANK EXPERIENCED ANY LEAK?	<input type="checkbox"/>	<input type="checkbox"/>
29.	DOES INSURED SELL LIQUID PROPANE GAS?	<input type="checkbox"/>	<input type="checkbox"/>
30.	WHAT IS THE ANNUAL NUMBER OF GALLONS OF GASOLINE SOLD? _____		

**ABOVE GROUND TANKS:** PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH TANK.

	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5	TANK #6
1. AGE OF TANKS						
2. CAPACITY						
3. TYPE OF FUEL STORED						
4. METAL OR FIBERGLASS						
5. DIKE						
6. FENCED OR BARRICADED						
7. IS SURROUNDING LAND FLAT OR SLOPED						

**BELOW GROUND TANKS:** PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH TANK.

	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5	TANK #6
1. AGE OF TANKS						
2. CAPACITY						
3. TYPE OF FUEL STORED						
4. METAL OR FIBERGLASS						
5. CATHODIC PROTECTION						