

Convenience Store & Gas Station Supplemental Application

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

GENERAL INFORMATION

1. What are the hours of operation? _____
2. Provide the estimated annual gross sales.

Gasoline Sales Only: \$ _____	Total Annual Gross Sales: \$ _____
Retail Food & Misc. Sales Only: \$ _____	Total Gallons of Gasoline Sold : _____
Alcohol Sales Only: \$ _____	Car Wash Sales Only: \$ _____
3. What is the area, if any, of space leased to a restaurant or other entity? _____ Sq. Ft.

PREMISES

1. Are all gas pumps equipped with automatic shut-off capability? Yes No
2. Are all gas pumps protected by steel or concrete barriers to prevent contact and collision from automobiles? Yes No
3. Are there any above ground storage tanks on the premises? Yes No
4. Are there any habitational units on the premises? Yes No
5. Have police been called to the premises in the last 3 years? If yes, provide details. Yes No
6. Does applicant have an operational central station alarm? Yes No
7. Does applicant hire armed security or keep firearms on the premises? Yes No
8. Does applicant have operational surveillance cameras with recordings kept for a minimum of 30 days? Yes No

OPERATIONS

1. Is the operation a truck stop? Yes No
2. Does applicant offer check cashing or money order sales? Yes No
3. Does applicant fill propane or kerosene tanks? *Exchanges are not considered filling.* Yes No
4. Does applicant provide any auto service or repair other than quick lubrication services? Yes No
5. Does applicant offer any automobile or trailer rentals? Yes No
6. Does applicant have any self-storage facilities that provide outdoor storage for any type of motor vehicles? Yes No
7. Does applicant sell fireworks, other than seasonal, holiday-related sales? Yes No
8. Describe any cooking appliances on the premises:
9. Does applicant have a seating area for customers to consume prepared food? Yes No
10. Is there any on premises consumption of alcohol? Yes No
11. Has the applicant had any liquor license violations, suspensions, or revocations? Yes No

CAR WASH

1. Provide the number of bays.
 Self-serve: _____ Automatic Conveyor-type: _____ Automatic Drive Thru: _____ Manual: _____

- 2. Are all employees operating customer vehicles licensed? Yes No
- 3. Does applicant offer off-site cleaning for customers? Yes No
- 4. Is there a routine inspection and maintenance schedule in place for equipment? Yes No
- 5. Are customers restricted from entering the wash tunnel on foot? Yes No
- 6. Are clear instructions posted via signs along the path to the entrance and interior of the car wash? Yes No

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY AND ARE MADE PART OF ALL APPLICABLE APPLICATIONS FOR INSURANCE.

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. I HAVE READ AND UNDERSTAND THE FRAUD WARNINGS CONTAINED IN ALL APPLICATIONS.**

(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.)

Applicant Signature

Title

Date

Producer Signature

Date