

Convenience Store Questionnaire

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. Total annual gross sales: \$ _____
3. Annual gross sales from gasoline sales only: \$ _____ Gallons of gasoline sold annually: _____
4. Annual gross sales from car wash operations only: \$ _____
5. Annual gross sales from alcohol sales only: \$ _____
6. What is the area, if any, of space leased to a restaurant or other entity? _____ Sq. ft.

PREMISES

1. Are there any above ground storage tanks on the premises? ☐ Yes ☐ No
2. Are there any habitational units on the premises? ☐ Yes ☐ No
3. Have police been called to the premises in the last 3 years? If yes, provide details. ☐ Yes ☐ No

4. Do you have an operational central station alarm? ☐ Yes ☐ No
5. Do you hire security or keep firearms on the premises? ☐ Yes ☐ No

OPERATIONS

1. Is your operation a truck stop? ☐ Yes ☐ No
2. Are all gas pumps equipped with automatic shut-off capability? ☐ Yes ☐ No
3. Are all gas pumps protected by concrete barriers to prevent accidental contact or collision? ☐ Yes ☐ No
4. Do you offer check cashing or money order sales? ☐ Yes ☐ No
5. Do you provide any auto service or repair other than quick lubrication services? ☐ Yes ☐ No
6. Do you sell fireworks, other than seasonal, holiday-related sales? ☐ Yes ☐ No
7. Do you fill propane or kerosene tanks? *Exchanges are not considered filling.* ☐ Yes ☐ No
8. Do you have any self-storage facilities that provide outdoor storage for any type of motor vehicles? ☐ Yes ☐ No

9. Describe any cooking appliances on the premises:

10. Does the insured have a seating area for customers to consume prepared food? ☐ Yes ☐ No

CAR WASH OPERATIONS

N/A

1. Provide the number of bays.
Self-serve: _____ Automatic Conveyor-type: _____ Automatic Drive Thru: _____ Manual: _____
2. Are all employees operating customer vehicles licensed? ☐ N/A ☐ Yes ☐ No
3. Do you 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

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