

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

Convenience Store Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____
Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____
Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____
Location #2 _____

GENERAL INFORMATION

1. Years in business? _____ If new, what is prior experience? _____

2. Gross sales by operation:	Grocery \$ _____	LPG \$ _____	Total Gallons per Year: _____
	Liquor \$ _____	Gas \$ _____	Total Gallons per Year: _____
	Lottery \$ _____	Other (describe) \$ _____	

Total gross sales for all operations: \$ _____

3. Total Employees Full Time _____ Part Time _____

4. Operating Hours _____ Number of Days Open _____

5. Any Firearms on premises? Yes No

If yes, give details _____

6. Square footage of building? _____

7. Are there burglar bars on the windows? Yes No

If yes, do all windows have a quick release? Yes No

COOKING INFORMATION

Any cooking on premises? Yes No

If yes, type of cooking Microwave Pizza Oven *Grill *Fryer Other _____

*Is there an automatic fire extinguishing system over cooking surfaces? Yes No

*Cooking performed under hoods? Yes No

*Service agreement in place for cleaning ducts? Yes No

OTHER EXPOSURES

1. Number of gas pumps: _____ Emergency automatic shutoff accessible to employees and customers? Yes No

2. Is there a car wash on premises? Yes No If yes, describe _____

3. Any Auto Repair on premises? Yes No If yes, describe _____

4. If LPG is sold, is it exchanged or re-filled? Exchanged Refilled N/A

If re-filled, who re-fills the tanks? Employee Customer

Do all LPG tanks and tank storage boxes have a protective barrier?..... Yes No

COMMERCIAL PROPERTY – BUILDING INFORMATION

Commercial Property Application ACORD 140 may replace the below with all applications signed / dated by applicant)

(Please provide complete information for each insured location. Attach separate sheet, if necessary.)

	Loc. 1		Loc. 2		Loc. 3	
Construction:						
Year Built:						
# of Stories:						
Total Sq. Footage:						
Protection Class:						
Alarm	FIRE	THEFT	FIRE	THEFT	FIRE	THEFT
	<input type="checkbox"/> Central Station	<input type="checkbox"/> Central Station	<input type="checkbox"/> Central Station	<input type="checkbox"/> Central Station	<input type="checkbox"/> Central Station	<input type="checkbox"/> Central Station
	<input type="checkbox"/> Local	<input type="checkbox"/> Local	<input type="checkbox"/> Local	<input type="checkbox"/> Local	<input type="checkbox"/> Local	<input type="checkbox"/> Local
	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
Year of latest update	___ Roof	___ Wiring	___ Roof	___ Wiring	___ Roof	___ Wiring
	___ Plumbing	___ HVAC	___ Plumbing	___ HVAC	___ Plumbing	___ HVAC

LIMITS & COVERAGE – PROPERTY

Coverage	Coinsurance %	Deductible	Causes of Loss	Valuation	Loc 1	Loc 2	Loc 3
Building	___%	\$ _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V.	\$ _____	\$ _____	\$ _____
BPP	___%	\$ _____		<input type="checkbox"/> R.C.	\$ _____	\$ _____	\$ _____
Business Income	Coinsurance ___%; or Monthly Limit Amount \$ _____			<input type="checkbox"/> Market Value (Submit)	\$ _____	\$ _____	\$ _____
Signs (Describe)	_____				\$ _____	\$ _____	\$ _____
Total Limits					\$ _____	\$ _____	\$ _____

ADJACENT EXPOSURES

	Right	Left	Front	Rear
Loc. 1				
Loc. 2				
Loc. 3				

CONTRIBUTING INSURANCE

Name & Address of Company	% Participation	Limits
_____		\$
_____		\$
_____		\$

GENERAL LIABILITY LIMITS (PER OCCURRENCE)

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

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

Name And Address	Relationship to Applicant	Additional Insured	Certificate
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

PRIOR CARRIER HISTORY & LOSS INFORMATION

Commercial Insurance Application ACORD 125 may replace the below with all applications signed / dated by applicant

Prior Carriers (Last Three Years):

Year	Carrier	Policy Number	Limits	Premium

Loss History (Last Five Years)

Date of Loss	Type of Loss	Description of Loss	Amount Paid	Reserve
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		

Has the applicant been cancelled or non-renewed in the last three years? Yes No

If yes, Explain. _____

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming

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.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

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 defrauding 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.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii

Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine, Tennessee, Virginia, Washington

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.

Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey

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

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.

New York

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma

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

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.

Producer's Signature

Date

Applicant's Signature

Date