



## Commercial Information Section

**APPLICANT'S NAME:** \_\_\_\_\_  
 \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AGENCY:** \_\_\_\_\_  
**AGENT NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: \_\_\_\_\_ To: \_\_\_\_\_  
 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other (Specify): \_\_\_\_\_
2. **Year business started:** \_\_\_\_\_
3. **Describe all business operations conducted by applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. Premises information:**

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

**5. Previous carrier and loss information (last five years):**

**Check if no losses last five years.**

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:**

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 subjects such person to criminal and civil penalties.

APPLICANT NAME AND TITLE: \_\_\_\_\_  
(PRINT)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## COMMERCIAL PROPERTY SECTION

### 6. Premises Information:

Loc #	BLD #	Exposure	Amount Requested	Coins. %	Monthly Limitation	ACV/Repl. Cost	Cause of Loss	Deductible	Occupied As
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Other	\$					\$	
		Other	\$					\$	
			\$					\$	
<b>Loc #</b>	<b>BLD #</b>	<b>Mortgagee</b>		<b>Loss Payee</b>					

Construction type: \_\_\_\_\_ **Year of Updates:** \_\_\_\_\_  
 Protection class: \_\_\_\_\_ Wiring? Year: \_\_\_\_\_ Burglar alarm type:  Local  Central Station  
 Number of stories: \_\_\_\_\_ Heating? Year: \_\_\_\_\_ Fire alarm type:  Local  Central Station  
 Total square foot area: \_\_\_\_\_ Plumbing? Year: \_\_\_\_\_ Sprinklered?  Yes  No  
 Year built: \_\_\_\_\_ Roof? Year: \_\_\_\_\_ Operable Smoke Detectors?  Yes  No

### 7. Premises Information:

Loc #	BLD #	Exposure	Amount Requested	Coins. %	Monthly Limitation	ACV/Repl. Cost	Cause of Loss	Deductible	Occupied As
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Other	\$					\$	
		Other	\$					\$	
			\$					\$	
<b>Loc #</b>	<b>BLD #</b>	<b>Mortgagee</b>		<b>Loss Payee</b>					

Construction type: \_\_\_\_\_ **Year of Updates:** \_\_\_\_\_  
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 Number of stories: \_\_\_\_\_ Heating? Year: \_\_\_\_\_ Fire alarm type:  Local  Central Station  
 Total square foot area: \_\_\_\_\_ Plumbing? Year: \_\_\_\_\_ Sprinklered?  Yes  No  
 Year built: \_\_\_\_\_ Roof? Year: \_\_\_\_\_ Operable Smoke Detectors?  Yes  No

## COMMERICAL LIABILITY SECTION

### LIMITS

GENERAL AGGREGATE	\$ _____	EMPLOYEE BENEFITS LIABILITY	\$ _____
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ _____	DEDUCTIBLE PER CLAIM:	\$ _____
PERSONAL & ADVERTISING INJURY	\$ _____	RETROACTIVE DATE:	_____
EACH OCCURRENCE	\$ _____	NUMBER OF EMPLOYEES:	_____
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$ _____		
MEDICAL EXPENSE (ANY ONE PERSON)	\$ _____		

6. Does applicant subcontract work?.....  Yes  No

If so, state type: \_\_\_\_\_

What is the cost (labor & materials) of subcontracted work? \$ \_\_\_\_\_

Are Certificates of Insurance required from all subcontractors?.....  Yes  No

### 7. Description of Exposures:

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE
RATING AND PREMIUM BASIS (P) PAYROLL – PER \$1,000 / PAY (exclude owners & clerical) (C) TOTAL COST – PER \$1,000 / COST (U) UNIT – PER UNIT (S) GROSS SALES – PER \$1,000 / SALES (A) AREA – PER 1,000 / SQ FT (M) ADMISSIONS – PER 1,000 / ADM (T) OTHER				

### ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

INTEREST	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				
INTEREST	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				



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## CONVENIENCE STORE QUESTIONNAIRE

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

Named Insured: \_\_\_\_\_

Website: \_\_\_\_\_

### ADDITIONAL PREMISES INFORMATION

1. Do you have any firearms or armed security on the premises?  Yes  No
2. Do you have any above ground storage of gasoline?  Yes  No

### GENERAL INFORMATION

1. Total annual gross sales: \$ \_\_\_\_\_
2. Annual gross sales from gasoline: \$ \_\_\_\_\_
- a. How many gallons of gas: \_\_\_\_\_
- b. Have all underground storage tanks been replaced since 1981?  Yes  No
3. Annual gross sales from car wash operations: \$ \_\_\_\_\_
- a. How many self-service wash bays? \_\_\_\_\_
- b. How many automatic wash bays? \_\_\_\_\_
4. Annual gross sales from automobile repair or servicing: \$ \_\_\_\_\_

### LPG TANK FILLING OPERATIONS (IF APPLICABLE)

1. How many gallons of LPG gas were sold as part of tank filling operations? \_\_\_\_\_
2. LPG tank filling is only eligible if the following requirements are met:
- a. Employees are trained on how to properly fill the tanks.
  - b. Only trained employees are allowed to fill the tanks – no customers.
  - c. Sales from this operation account for no more than 10% of total annual sales.

**I certify that all of the statements under item 2 have been verified:**  Yes, I certify this.

### COOKING HAZARDS (IF APPLICABLE)

1. What type of cooking hazard is present:
- Deli (no cooking)  Fast Food (limited cooking)  Full Service Restaurant (unlimited cooking)
2. Is there any type of cooking that produces grease-laden vapors?  Yes  No
- a. Is there an auto-extinguishing system over all cooking surfaces and fryers?  Yes  No

**CRIME COVERAGE (IF APPLICABLE)**

1. Crime coverage is only eligible if the following requirements are met:
- a. Money and securities are stored in a safe or vault.
  - b. Store is equipped with a UL certified or equivalent centrally monitored burglar alarm with:
    - i. Door and window contacts.
    - ii. Panic/hold-up alarm.
  - c. Property crime scores of 7 or higher require concrete filled pipes buried in the ground to protect the main entryways.
  - d. No more than three crime losses in the past three years.

I certify that all of the statements under item 1 have been verified:  Yes, I certify this.

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

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.**

(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.)

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Applicant Signature

Title

Date

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Producer Signature

Date