



Convenience Store - Quick Application

SIU Producer #: _____

Name of Business DBA: _____

Corporation Name: _____ Effective Date: _____

Owner Name: _____

Business Phone: _____ Cell: _____ Fax: _____

E-Mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Insured is: Corporation Partnership Individual

No. of Years in Business: _____ Years Experience in this Industry: _____

Hours of Operation: _____ Total Number of Employees: _____

Total Annual Store Receipts/Sales: \$ _____

Annual Gallons Sold: _____ Percentage of Receipts are Alcohol Sales % _____

Property Section

Type of Business: _____

Construction: Frame Joisted Masonry Non-Combust Masonry Non-Combust

Year Built: _____ Square Feet: _____ No. Stories: _____

Inside or Outside City Limits? _____ Protection Class: _____

Year Wiring Updated/installed: _____ Year Plumbing Updated/installed: _____

Year Heating Updated/installed: _____ Year Roof Updated/installed: _____

Sprinkler system throughout entire structure? Yes No

Burglar Alarm Type: Local Central Direct

Fire Alarm Type: Local Central Direct Hardwire Battery

Do All Cooking surfaces have functioning Automatic Extinguishing System? Yes No

Type of cooking on premises: Fryer Microwave Hot Plates Other: _____

Property Limits/Coverage

| Coverage | Co-Ins | Deductible | Cause of Loss | Valuation | Limits |
|-----------|---------|------------|----------------------------------|------------------------------|----------|
| Building: | _____ % | \$ _____ | <input type="checkbox"/> Basic | <input type="checkbox"/> ACV | \$ _____ |
| BPP: | _____ % | \$ _____ | <input type="checkbox"/> Broad | <input type="checkbox"/> R C | \$ _____ |
| BI: | _____ % | \$ _____ | <input type="checkbox"/> Special | <input type="checkbox"/> ML | \$ _____ |
| Canopy: | _____ % | \$ _____ | " | " | \$ _____ |
| Pumps: | _____ % | \$ _____ | " | " | \$ _____ |

Crime Coverage: Employee Dishonesty \$ _____ Money & Securities \$ _____ Ded \$ 500
 Equipment Breakdown Coverage Desired? Yes No
 Umbrella policy needed? Yes No If yes, How many Millions Coverage: \$ _____
 Any Car Wash/Auto Service? Yes No Property Value? _____ Revenue \$ _____

Liability Limits (per Occurrence)

General Aggregate (other than Products/Completed Operations) \$ _____
 Products & Completed Operations Aggregate \$ _____
 Personal & Advertizing Injury (Any one person or organization) \$ _____
 Each Occurrence \$ _____
 Damage to Premises Rented to You (Any one Premises) \$ _____
 Medical Expense (Any One Person) \$ _____
 Liquor Liability needed? Yes No If yes, Limits Desired : \$ _____
 Umbrella policy needed? Yes No If yes, Limits Desired : \$ _____
 Mortgagee: _____
 Additional Insured: _____

Loss History

Current Carrier: _____ **Policy Expiration Date:** _____

Any Property and or Liability Losses: Yes No If yes, explain below;
 Date of Loss: _____ Cause of Loss: _____ Amount Paid: _____
 Date of Loss: _____ Cause of Loss: _____ Amount Paid: _____
 Date of Loss: _____ Cause of Loss: _____ Amount Paid: _____

Auto Coverage

Do you need Hired/Non-Owned Commercial Auto Liability Coverage? Yes No Limit: _____
 Annual Cost of Hire: _____ No. of Drivers: _____ Delivery Provided? Yes No

Owned Autos

Liability Coverage? Yes No Physical Damage Coverage? Yes No

| <u>Year</u> | <u>Make</u> | <u>Model</u> | <u>VIN #</u> | <u>Value</u> |
|-------------|-------------|--------------|--------------|--------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

| <u>Drivers Name</u> | <u>Date of Birth</u> | <u>Drivers License Number</u> |
|---------------------|----------------------|-------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____