



Associated Underwriters, Inc.
 9412 Giles Road
 LaVista, NE 68128

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**Convenience Store (with or without Gasoline Sales) Supplemental Questionnaire
 (Complete in addition to Acord Application)**

1. **INSURED** _____

2. **LOCATION ADDRESS:** _____

3. **GENERAL INFORMATION:**

Number of years in this type of business: _____ Number of years in operation at this location: _____

Business Hours _____ to _____ Number of days the business is open per week: _____

- | a. Does the store sell the following items? | Yes | No | |
|---|--------------------------|--------------------------|-----------------------|
| Fireworks | <input type="checkbox"/> | <input type="checkbox"/> | |
| Firearms and/or ammunition | <input type="checkbox"/> | <input type="checkbox"/> | |
| Gasoline, Diesel, or Kerosene Fuel | <input type="checkbox"/> | <input type="checkbox"/> | Number of pumps _____ |
| LPG (liquid petroleum gas) tank filling | <input type="checkbox"/> | <input type="checkbox"/> | |

By Employee or Customer? _____

LPG (liquid petroleum gas) tank swapping? Yes No Number of tanks _____

Are there protective barriers around the tanks? Yes No

b. Any auto repair or service operation? Yes No

c. Any car wash operation on the premises? Yes No

Attached Detached? Area (sq. ft.) of car wash _____

Fully Automated Self-Service Number of bays _____

d. Are alcoholic beverages consumed on the premises? Yes No

e. Will store cash checks for a fee? Yes No

f. Any video rental operation on the premises? Yes No

g. Total area (square footage) of building _____

Area of Convenience Store _____ Storage area _____ Attached Car Wash area _____

Area of deli, snack bar, or restaurant _____

(Also answer question in Section 5 - Cooking Hazard Questionnaire)

Area of Apartment unit(s) _____ Number of units _____

(Also answer questions on the Habitational Supplement CSL 7021)

Area leased to others _____ Describe type of operation _____

h. Are there any security guards on the premises? Yes No

If yes, number of unarmed _____ armed _____

4. **FILL IN FINANCIAL INFORMATION FOR THE PAST YEAR AS REQUESTED BELOW:**

- | | |
|-----------------------------------|----------|
| a. Fiscal Date (month & year) | _____ |
| b. Liquor Sales | \$ _____ |
| c. Food Sales (grocery and dairy) | \$ _____ |
| d. Tobacco Sales | \$ _____ |
| e. Fuel Sales | \$ _____ |
| f. Gross Annual Income and Sales | \$ _____ |

5. PROPERTY COVERAGE INFORMATION

- a. Are there protective barriers/poles around the fuel pumps? Yes No NA
- b. Fire Extinguishers: Yes No How many? _____
 Serviced & Tagged within the past year? Yes No
- c. Alarm and Security systems: Burglary alarm Yes No
 If yes, Central station or Local gong UL Cert No. _____
 Does it include Interior Motion Detection Devices that protect the **entire** building? Yes No
 Does the cashier have a panic button direct to the police or alarm company? Yes No
 Is there a surveillance camera on the premises? Yes No
 Fire alarm Yes No If yes, Central Station or Local gong
 Smoke alarm Yes No
- d. Type of wiring: Copper Aluminum
- e. Any wood-burning devices on the premises? Yes No
- f. Type of roof: _____
 Roofing Material(s) _____ Any wood shingles? Yes No
- g. **Values:** Our policy does not provide Blanket coverage. Show NA if not applicable.

| | Building # 1 | Building # 2 | Building # 3 | Contents (excluding EDP) |
|-----------------------|---------------------|---------------------|---------------------|---------------------------------|
| C-Store Building | _____ | _____ | _____ | _____ |
| Warehouse Building | _____ | _____ | _____ | _____ |
| Freestanding Kiosk | _____ | _____ | _____ | _____ |
| Car Wash Building | _____ | _____ | _____ | _____ |
| Fuel Pumps (no tanks) | _____ | _____ | _____ | Excluded per form |
| Detached Canopy | _____ | _____ | _____ | NA |
| Detached Sign | _____ | _____ | _____ | NA |
| Detached Awning | _____ | _____ | _____ | NA |

6. COOKING HAZARD QUESTIONNAIRE

- a. Is any type of cooking done on premises? Yes No
 Type of cooking:
 Microwave Pizza Oven Grill Fryer Deli
 Fast Food Restaurant (Also answer questions on the Restaurant Supplement CSL 7003)
- b. UL approved auto extinguishing system over **ALL** cooking surfaces and deep fryers? Yes No
 Type of system: Wet Chemical (UL 300 Approved) Dry Chemical
- c. Semi-annual service contract for auto extinguishing system? Yes No
- d. **Automatic** gas or electric shut off for cooking with manual pull? Yes No
- e. Are hoods and ducts equipped with filters? Yes No
- f. Are filters cleaned at a MINIMUM of every six months? Yes No
- g. Are hoods and ducts cleaned at a MINIMUM of every six months? Yes No
- h. Are portable fire extinguishers mounted and accessible to cooking areas? Yes No

6. GENERAL LIABILITY INFORMATION

- a. Area of Parking Lot: _____ square feet
 Is applicant responsible for care/maintenance of lot? Yes No
- b. Surface of parking lot: Gravel Concrete Asphalt No Parking Other _____
- c. Number of Exits: _____ Are all exits marked with exit signs? Yes No
- d. Are all exits equipped with panic door hardware? Yes No
 If "No", are all exits kept unlocked during business hours? Yes No
- e. Any weapons or firearms on the premises? Yes No
- f. Have there been any health or safety violations? Yes No

If coverage is provided, it will contain special exclusion (above and beyond normal policy exclusions) including, but not necessarily limited to, the following:

- a. Assault and Battery
- b. Liquor Liability

The Applicant, Agent or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____

Producer: _____

Signature: _____

Signature: _____

Date: _____

Date: _____