



**LIQUOR SALES**

1. Liquor Sales \$\_\_\_\_\_
2. Advise type of training of Owners, Managers, Employees: \_\_\_\_\_  
\_\_\_\_\_
3. Liquor license held?  Yes  No  
If yes, has liquor license ever been suspended or revoked?  Yes  No
4. Is liquor liability coverage in place?  Yes  No

**GASOLINE SALES AND OTHER AUTOMOBILE EXPOSURES**

1. Gas Sales \$\_\_\_\_\_
  - a. Number of gallons sold: \_\_\_\_\_
  - b. Number of self service gasoline pumps: \_\_\_\_\_
  - c. Number of Full Service Gasoline Pumps: \_\_\_\_\_
2. Have all underground storage tanks been replaced since 1981?  Yes  No
3. Car Wash Sales \$\_\_\_\_\_ Number of bays: \_\_\_\_\_
4. Any repair facilities?  Yes  No  
If yes, describe: \_\_\_\_\_

**COOKING HAZARDS (COMPLETE IF APPLICABLE)**

1. Is there any cooking or food preparation on premises?  Yes  No  
 Microwave  Pizza Oven  Grill  Fryer  Deli  Salad Bar  
 Other \_\_\_\_\_
2. UL approved auto-extinguishing system over ALL cooking surfaces and deep fryers?  Yes  No
  - a. Semiannual service contract for auto extinguishing system?  Yes  No
3. Automatic gas or electric shut off for cooking with manual pull?  Yes  No
4. Are hoods and ducts equipped with filters?  Yes  No
  - a. Are filters cleaned at a MINIMUM of every six months?  Yes  No
  - b. Are hoods and ducts cleaned at a MINIMUM of every six months?  Yes  No
5. Are portable extinguishers mounted and accessible to cooking areas?  Yes  No

**THEFT & CRIME COVERAGE (COMPLETE IF THEFT OR CRIME COVERAGE IS REQUESTED)**

1. Is there a burglar alarm?  Yes  No  
If yes, type: \_\_\_\_\_
2. Des the cashier have a panic button direct to the police or alarm company?  Yes  No
3. Average amount of cash: \$\_\_\_\_\_
- Maximum amount of cash or checks on premise: \$\_\_\_\_\_
4. Who is responsible for deposits & frequency of deposits? \_\_\_\_\_
5. Do routes to the bank vary daily when making deposits?  Yes  No
6. Is there a lock safe on premise?  Yes  No  
Time intervals: \_\_\_\_\_
7. Minimum number of cashiers/attendants on duty at any one time: \_\_\_\_\_
8. Is there a surveillance camera on premises?  Yes  No
9. Are there any security guards on premises?  Yes  No
- a. If yes, number of unarmed: \_\_\_\_\_ armed: \_\_\_\_\_
- b. If yes, are they employees or independent contractors? \_\_\_\_\_

**FRAUD STATEMENT**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to finds and/or imprisonment. Any changes in your operation must be reported to your agent.

\_\_\_\_\_  
Signature of Applicant  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Producing Agent  
Date

\_\_\_\_\_  
Agent Name and Address