

## CONVENIENCE STORE QUESTIONNAIRE

	1.	Name of Applicant	
	GE	NERAL INFORMATION	
	2.	Telephone ( ) Fax ( ) Contact person/phone #: Inspection Accounting/Records Interest of Named Insured in premises: □ Owner □ General Lessee □ Tenant □ Other	er
	4.	Date business established Number of years under the same management	
Γ		ERATIONS	
		store operations gross sales: \$ (Do not include Gas, LPG, Car wash or c sales)	ooking
2.	-	obacco Sales: \$	- NO
	P	Are procedures displayed and followed to verify age of customers purchasing tobacco? 🖵 Ye	es 🗆 NO
3.		— · · · · · · · · · · · · · · · · · · ·	es 🛭 No
4.		perating hours: to to to	
5.	Α	ny firearms on premises?	′es 🛭 No
6.		there a habitat ional / apartment exposure?  yes, number of units:	′es □ No
7.			′es □ No
	Α	are there protective barriers around the tanks?	es □ No
	L	PG tank filling? □ Y	es □ No
	В	by employee or customer?	
	Т	ank swap receipts \$	
	Α		es 🛚 No
	lf	yes, total sales: \$	

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LIC	QUOR SALES	
1.	Liquor Sales \$	
2.	Advise type of training of Owners, Managers, Employees:	<del></del>
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
GA	ASOLINE 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:	
00	OOKING HAZARRO (COMPLETE IE ARRIGARIE)	
CC	OOKING 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

TH	EFT & 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?	<u> </u>
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?	
_	DAUD OTATEMENT	
<u> </u>	RAUD STATEMENT	
I D	ECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND	TRUE.
app	y person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an in dication or files a claim containing a false or deceptive statement may be guilty of insurance fraud an prisonment. Any changes in your operation must be reported to your agent.	
Sig	nature of Applicant Title Date	
Sig	nature of Producing Agent Date	
Age	ent Name and Address	