

# Convenience Store & Gas Station Supplemental Application

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

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

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

## GENERAL INFORMATION

1. What are the hours of operation? \_\_\_\_\_
2. Provide the estimated annual gross sales.
 

Gasoline Sales Only: \$ _____	Total Annual Gross Sales: \$ _____
Retail Food & Misc. Sales Only: \$ _____	Total Gallons of Gasoline Sold : _____
Alcohol Sales Only: \$ _____	Car Wash Sales Only: \$ _____
3. What is the area, if any, of space leased to a restaurant or other entity? \_\_\_\_\_ Sq. Ft.

## PREMISES

1. Are all gas pumps equipped with automatic shut-off capability?  Yes  No
2. Are all gas pumps protected by steel or concrete barriers to prevent contact and collision from automobiles?  Yes  No
3. If the risk has parking spaces adjacent to the building, are there concrete or steel posts or barriers preventing vehicles from colliding with the structure?  Yes  No
4. Are there any above ground storage tanks on the premises?  Yes  No
5. Are there any habitational units on the premises?  Yes  No
6. Have police been called to the premises in the last 3 years? If yes, provide details.  Yes  No
7. Does applicant have an operational central station alarm?  Yes  No
8. Does applicant hire armed security or keep firearms on the premises?  Yes  No
9. Does applicant have operational surveillance cameras with recordings kept for a minimum of 30 days?  Yes  No

## OPERATIONS

1. Is the operation a truck stop?  Yes  No
2. Does applicant offer check cashing or money order sales?  Yes  No
3. Does applicant fill propane or kerosene tanks? *Exchanges are not considered filling.*  Yes  No
4. Does applicant provide any auto service or repair other than quick lubrication services?  Yes  No
5. Does applicant offer any automobile or trailer rentals?  Yes  No
6. Does applicant have any self-storage facilities that provide outdoor storage for any type of motor vehicles?  Yes  No
7. Does applicant sell fireworks, other than seasonal, holiday-related sales?  Yes  No
8. Describe any cooking appliances on the premises:
9. Does applicant have a seating area for customers to consume prepared food?  Yes  No
10. Is there any on premises consumption of alcohol?  Yes  No
11. Has the applicant had any liquor license violations, suspensions, or revocations?  Yes  No

- 1. Provide the number of bays.  
Self-serve: \_\_\_\_\_ Automatic Conveyor-type: \_\_\_\_\_ Automatic Drive Thru: \_\_\_\_\_ Manual: \_\_\_\_\_
- 2. Are all employees operating customer vehicles licensed?  Yes  No
- 3. Does applicant offer off-site cleaning for customers?  Yes  No
- 4. Is there a routine inspection and maintenance schedule in place for equipment?  Yes  No
- 5. Are customers restricted from entering the wash tunnel on foot?  Yes  No
- 6. Are clear instructions posted via signs along the path to the entrance and interior of the car wash?  Yes  No

### IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY AND ARE MADE PART OF ALL APPLICABLE APPLICATIONS FOR INSURANCE.

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. I HAVE READ AND UNDERSTAND THE FRAUD WARNINGS CONTAINED IN ALL APPLICATIONS.**

(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
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