



**C STORE/GAS STATIONS
SUPPLEMENTAL APPLICATION**

NAMED INSURED: _____

PROPOSED EFFECTIVE DATE: _____

1, List your C Store/Gas Stations:

Location					
Hours of Operation					
Inside or Outside Surveillance Cameras?	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both <input type="checkbox"/> None
Any check cashing for a fee operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ATM's located inside or outside?	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> None	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> None	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> None	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> None	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> None
Car wash automatic or manual (wand/brush operated by customer)?	<input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> None	<input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> None	<input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> None	<input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> None	<input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> None
Any propane bottle exchange or bottle fill operations?	<input type="checkbox"/> Bottle Exchange <input type="checkbox"/> Bottle Fill <input type="checkbox"/> None	<input type="checkbox"/> Bottle Exchange <input type="checkbox"/> Bottle Fill <input type="checkbox"/> None	<input type="checkbox"/> Bottle Exchange <input type="checkbox"/> Bottle Fill <input type="checkbox"/> None	<input type="checkbox"/> Bottle Exchange <input type="checkbox"/> Bottle Fill <input type="checkbox"/> None	<input type="checkbox"/> Bottle Exchange <input type="checkbox"/> Bottle Fill <input type="checkbox"/> None
What are the average/max. amounts of cash on the premises?	_____ Avg. _____ Max	_____ Avg. _____ Max	_____ Avg. _____ Max	_____ Avg. _____ Max	_____ Avg. _____ Max

Are there any deep fat fryers for cooking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes,					
- Is there a automatic extinguishing system in hood, duct, and covering cooking surfaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Is there a thermostatic control with automatic fuel shutoff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Have you contracted for cleaning of the hood, ducts filters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of alcohol is sold?	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor
Alcohol annual receipts \$					

Attach front and back pictures for each location.

2. Have arrangements been made for prompt removal of snow and ice? Yes No
 If yes, describe: _____

3. Are any firearms kept or brought on to the premises by employees? Yes No
 If yes, describe: _____

4. Are there any machines (games of chance) on any of the premises that award money, or prizes, points/tokens that can be redeemed for merchandise? Yes No
 If yes, describe: _____



5. Do any of the premises have showers or sleeping facilities? Yes No

If yes, describe: _____

6. Do any of the premises sell fireworks or allow fireworks to be sold by others at any time during the year? Yes No

If yes, describe: _____

7. Do you sublease any part of the premises to another business operation (motor vehicle repair/sales, restaurants, Laundromats, etc.)? Yes No

If yes, complete the following:

Location	Name/type of operation	Do you have a certificate of insurance from the mfg. for general liability/auto with at least \$1,000,000 limits?	Do the certificates of insurance show you as an additional insured on their policy?	Do you have a contractual hold harmless in your favor?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are not sure, we can help you review your information to determine the answers. If coverage is written, we will do a review of the documentation.

8. Do you do service or repair work on motor vehicles? Yes No

If yes, complete the following:

Type of Work/Install.	Yes	No
Brake Work		
Transmission Work		
Steering		
Tire Mount, Balance, Repair		
Collision Repair/Spray Painting		
Tire Recapping/Retreading		
Other:		



a. Do you offer or arrange for any towing services?

Yes No

If yes, describe: _____

9. Do you sell motor vehicle parts?

Yes No

If yes, complete the following:

Type of Parts	Yes	No
Brake Parts/Equipment		
Steering Parts/Equipment		
New Tires/Wheels		
Recapped/Retreaded Tires		
Other:		

10. Do you provide loaner or rental cars?

11. Comment on frequency of deposits, use of time lock safes, and any measures used to reduce crime exposure:

12. What type of training do employees receive in age verification for alcohol and cigarette sales?

NOTE: THIS ENTIRE FORM MUST BE COMPLETED PRIOR TO QUOTING. WE DO NOT ACCEPT APPLICATIONS THAT ARE NOT SIGNED AND DATED.

COMPLETED BY: _____ DATE: _____

TITLE: _____

