CENTURY SURETY COMPANY

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:_____

	Yes	No	
a. Does the store sell the following items?			
Fireworks	☐	☐	
Firearms and/or ammunition	☐	☐	
Gasoline, Diesel, or Kerosene Fuel	☐	☐	Number of pumps _____
LPG (liquid petroleum gas) tank filing	☐	☐	
By Employee or Customer? _____			
LPG (liquid petroleum gas) tank swapping?	☐	☐	Number of tanks _____
Are there protective barriers around the tanks?	☐	☐	
b. Any auto repair or service operation?	☐	☐	
c. Any car wash operation on the premises?	☐	☐	
☐ Attached or ☐ Detached?			Area (sq. ft.) of car wash _____
☐ Fully Automated or ☐ Self – Service			Number of bays _____
d. Are alcoholic beverages consumed on the premises?	☐	☐	
e. Will store cash checks for a fee?	☐	☐	
f. Any video rental operation on the premises?	☐	☐	

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 _____

i. Is the entire premises well lit at night? ☐ Yes ☐ No

j. Does the insured have security cameras inside and outside the premises? ☐ Yes ☐ No

k. Has the insured ever had an assault and/or battery claim? ☐ Yes ☐ No

ii. If yes, please furnish full details: _____

_____

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 **Yes** **No**

a. Is any type of cooking done on premises? ☐ ☐

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? ☐ ☐

Type of system: ☐ Wet Chemical (UL 300 Approved) ☐ Dry Chemical

c. Semi-annual service contract for auto extinguishing system? ☐ ☐

d. **Automatic** gas or electric shut off for cooking with manual pull? ☐ ☐

e. Are hoods and ducts equipped with filters? ☐ ☐

f. Are filters cleaned at a MINIMUM of every six months? ☐ ☐

g. Are hoods and ducts cleaned at a MINIMUM of every six months? ☐ ☐

h. Are portable fire extinguishers mounted and accessible to cooking areas? ☐ ☐

7. 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: _____ _____

Date: _____ Producers Signature: _____