

## Convenience Store Supplemental Application

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

AKA / DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Loc # / Bldg #	Address	City	State	Zip
_____/____	_____	_____	____	_____
_____/____	_____	_____	____	_____
_____/____	_____	_____	____	_____

Insured Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Yrs in Business: \_\_\_\_\_ Yrs Experience: \_\_\_\_\_

### GENERAL INFORMATION

**Hours of Operation:**

	Loc __ / Bldg __	Loc __ / Bldg __	Loc __ / Bldg __
If 24 hours, does the facility have surveillance cameras?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central station hold up alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adequate exterior lighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Breakdown of Receipts**

	Loc __ / Bldg __	Loc __ / Bldg __	Loc __ / Bldg __
Food	\$ _____	\$ _____	\$ _____
Alcohol	\$ _____	\$ _____	\$ _____
Gas	\$ _____	\$ _____	\$ _____
# of Gallons	_____	_____	_____
# of Pumps	_____	_____	_____
Other	\$ _____	\$ _____	\$ _____
<b>Total Receipts</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

### OTHER

	Loc __ / Bldg __	Loc __ / Bldg __	Loc __ / Bldg __
Are gas pumps protected by vehicle barriers or stops?	<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 any cooking on premises?	<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 all commercial cooking equipment installed with an automatic extinguishing system to code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have LPG gas sales?	<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 percentage of your sales are LPG?	_____ %	_____ %	_____ %
If "Yes", is it tank swap or refill?	<input type="checkbox"/> Tank swap <input type="checkbox"/> Refill	<input type="checkbox"/> Tank swap <input type="checkbox"/> Refill	<input type="checkbox"/> Tank swap <input type="checkbox"/> Refill
Any auto repair on premises?	<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 coverage obtained elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any car wash 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
If yes, please describe?	_____	_____	_____
Do you have any video poker or arcade exposures?	<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, how many machines?	_____	_____	_____
Any firearms kept on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does applicant have valid liquor license?  Yes  No  Yes  No  Yes  No  
 Any onsite consumption of alcoholic beverages?  Yes  No  Yes  No  Yes  No

**LOSS INFORMATION**

Was prior coverage ever cancelled or non-renewed?  Yes  No

If "Yes", please explain: \_\_\_\_\_

Loss information for the past 3 years:  No losses  No prior coverage

Year	# Of Claims	Incurred Amounts	Description

**FRAUD STATEMENT**

**Applicable in Arkansas, Louisiana, and West Virginia**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in District of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Applicable in Florida**

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Applicable in Kentucky**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Applicable in Maine**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Applicable in Maryland**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in New Jersey**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Applicable in New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Applicable in Ohio**

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.

**Applicable in Oklahoma**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Applicable in Rhode Island**

The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

**Applicable in Tennessee, Virginia, and Washington**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

<b>SIGNATURES</b>
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**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant's Name and Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_