

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: _____

- a. Does the store sell the following items?
- | | Yes | No | |
|---|--|------------------------------|----------------------------------|
| Fireworks | <input type="checkbox"/> | <input type="checkbox"/> | |
| Firearms and/or ammunition | <input type="checkbox"/> | <input type="checkbox"/> | |
| Gasoline, Diesel, or Kerosene Fuel | <input type="checkbox"/> | <input type="checkbox"/> | Number of pumps _____ |
| LPG (liquid petroleum gas) tank filling | <input type="checkbox"/> | <input type="checkbox"/> | |
| By Employee or Customer? _____ | | | |
| LPG (liquid petroleum gas) tank swapping? | <input type="checkbox"/> | <input type="checkbox"/> | Number of tanks _____ |
| Are there protective barriers around the tanks? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. Any auto repair or service operation? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Any car wash operation on the premises? | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Attached or <input type="checkbox"/> Detached? | | | Area (sq. ft.) of car wash _____ |
| <input type="checkbox"/> Fully Automated or <input type="checkbox"/> Self - Service | | | Number of bays _____ |
| d. Are alcoholic beverages consumed on the premises? | <input type="checkbox"/> | <input type="checkbox"/> | |
| e. Will store cash checks for a fee? | <input type="checkbox"/> | <input type="checkbox"/> | |
| f. Any video rental operation on the premises? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of unarmed _____ armed _____ | | |
| i. Is the entire premises well lit at night? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| j. Does the insured have security cameras inside and outside the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| k. Has the insured ever had an assault and/or battery claim? <input type="checkbox"/> Yes <input type="checkbox"/> 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	_____	_____	_____	<u>NA</u>
Detached Sign	_____	_____	_____	<u>NA</u>
Detached Awning	_____	_____	_____	<u>NA</u>

6. COOKING HAZARD QUESTIONNAIRE

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| a. Is any type of cooking done on premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of cooking: | | |
| <input type="checkbox"/> Microwave <input type="checkbox"/> Pizza Oven <input type="checkbox"/> Grill <input type="checkbox"/> Fryer <input type="checkbox"/> Deli | | |
| <input type="checkbox"/> 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of system: <input type="checkbox"/> Wet Chemical (UL 300 Approved) <input type="checkbox"/> Dry Chemical | | |
| c. Semi-annual service contract for auto extinguishing system? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Automatic gas or electric shut off for cooking with manual pull? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are hoods and ducts equipped with filters? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are filters cleaned at a MINIMUM of every six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Are hoods and ducts cleaned at a MINIMUM of every six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Are portable fire extinguishers mounted and accessible to cooking areas? | <input type="checkbox"/> | <input type="checkbox"/> |

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: _____