

**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

Firearms and/or ammunition

Gasoline, Diesel, or Kerosene Fuel

Number of pumps: _____

LPG (liquid petroleum gas) tank filling

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 6 - 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 _____

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

