



**Associated Underwriters, Inc.**  
 9412 Giles Road  
 LaVista, NE 68128

**Phone:** 402.592.0900  
**Fax:** 402.592.0962

**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?  Yes  No Number of tanks \_\_\_\_\_

Are there protective barriers around the tanks?  Yes  No

b. Any auto repair or service operation?  Yes  No

c. Any car wash operation on the premises?  Yes  No

Attached  Detached? Area (sq. ft.) of car wash \_\_\_\_\_

Fully Automated  Self-Service Number of bays \_\_\_\_\_

d. Are alcoholic beverages consumed on the premises?  Yes  No

e. Will store cash checks for a fee?  Yes  No

f. Any video rental operation on the premises?  Yes  No

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 \_\_\_\_\_

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.

	<b>Building # 1</b>	<b>Building # 2</b>	<b>Building # 3</b>	<b>Contents (excluding EDP)</b>
C-Store Building	_____	_____	_____	_____
Warehouse Building	_____	_____	_____	_____
Freestanding Kiosk	_____	_____	_____	_____
Car Wash Building	_____	_____	_____	_____
Fuel Pumps (no tanks)	_____	_____	_____	<b>Excluded per form</b>
Detached Canopy	_____	_____	_____	<b>NA</b>
Detached Sign	_____	_____	_____	<b>NA</b>
Detached Awning	_____	_____	_____	<b>NA</b>

**6. COOKING HAZARD QUESTIONNAIRE**

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

**6. 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: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_