

Convenience Store Application - InsuranceXchange

Questions: Call Steve Holmes

1 (866) 248-0901 Local: (423) 894-0901 or Cell: 1 (423) 313-0901

Renewal/Effective date _____

Property Name: _____
 Business license name: _____
 Mailing address: _____
 Property address: _____
 County: _____ Fire Dept: _____ Fire rating _____
 Years Experience In The Business: _____ Years In Business At This Location: _____
 Contact person: _____ Phone: _____ Fax: _____
 E-mail address: _____ Federal ID # _____

Property Coverages:

Building Amount
 Contents Amount
 Canopy Amount
 Construction type
 Year built
 Number of Stories
 Square Feet

Bldg #1	Value of pumps and tanks	
	Warehouse Amount	
	Number of Gas Pumps	
	Any Fireworks Sold	
	Alcohol Consumed on Premises	
	Any Hoist or Service Bays	
	Any wood or kerosene heating devices	
	Any Cooking on Premises	

Building Updates:
 When Updated

Electrical	Plumbing	Roof	Heat-A/C	Exterior

Sprinklered: Partially ___ Fully ___ Y N Double Cylinder Dead Bolt Locks? Y N
 Security Cameras? Y N Alarms: Y N Central Station? Y N Fire? Y N Burglary? Y N Local? Y N
 Distance to Fire Dept: _____ miles Distance to Ocean: _____ miles
 Distance to Fire Hydrant: _____ feet Square Feet of Exterior Glass: _____
 Any other business operations? Y N Sign & Satellite coverage \$ _____
 Surge protector: Phone? ___ Computer? ___ Type of Alarm System: _____
 Alarm UL Certificate Number and Expiration Date: _____

Liability - Annual Revenue: Limits of Liability: _____

Grocery Sales \$ _____ Cooking Sales \$ _____ Gasoline Sales \$ _____
 Are there any other operation on the premises? Y N Storage area larger than 3,000 Square Ft: Y N
 Filling of LP Gas on premises? Y N Is there swapping of LPG tanks on premises? Y N
 Are there more than 2 video games on the premises? Y N Store open 24 Hours? Y N
 Number of stores owned? _____ Do you own operations other than convenience stores? Y N
 ATM machine on the premises? Y N Machine Bolted to Floor? Y N Camera with ATM? Y N
 Store Hours: _____ Are there cement barriers in place to discourage building damage? Y N
 Does anyone live on premises? Y N Adequate fire extinguishers serviced and tagged annually? Y N
 Automatic Car Wash? Y N Non-Automated Car Wash? Y N Any rental operations? Y N

Workers Compensation: Payroll

Store \$ _____ Clerical \$ _____
 Number of employees: Full time _____ Part time _____

Page 2 Convenience Store Application Supplement _____

Business Auto:

Any company owned vehicles? **Y N** Used to carry customers? **Y N**
 Year _____ Model _____ # Passengers _____ # Drivers _____

Crime Coverage: Employee Dishonesty Limit: _____ **Money/Sec:** _____

Are all side and rear doors of solid core and/or metal clad construction with inside hinges or welded hinges? **Y N** Are all rear and side windows protected by burglary screens or bars? **Y N**

Amount of cash on premises overnight? _____ Average amount of deposit? _____

Are previous employment records checked on new employees? **Y N**

Are bank accounts reconciled by someone other than those who are authorized to deposit or withdraw from them? **Y N** (if no explain): _____

Are checks immediately stamped for deposit only? **Y N** Number of Daily Deposits _____

Umbrella Liability: Amount Requested \$ _____

General questions – Circle Answer:

Basement **Y N** Owned aircraft **Y N #**____
 Owned boats **Y N #**____ Vacant land # acres _____
 Firearm on premises? **Y N** Type of Safe _____

Cooking supplement – Circle Answer

Automatic fire extinguishing system? **Y N**
 Service contract to service and clean system and filters? **Y N**
 Any catering? What percentage _____ **Y N**
 Is there an outside maintenance contract for hood and duct cleaning? **Y N**
 Is liquor or beer served on the premimes? **Y N**
 What is the seating capacity? # of seats _____

Mortgagee Name and Address: _____

Present & Prior Insurance Companies:

		Package – Property/Liability	Workers Comp	Automobile
Current Year	Company			
	Policy number			
Prior Year 1	Company			
	Policy number			
Prior Year 2	Company			
	Policy number			

Claims: Please list any property and liability claims for the past three years.

Claims History/LOSS RUNS: Please sign the authorization letter for your insurance company to release your official claim information.

Three Year Statement of Claims

Please provide a list of any insurance claims or incidents that have occurred during the last three years such as slip and falls, roof damage, fires, and employee injuries.

Date of Claim or Incident	Describe Claim	Amount of Claim

I understand that the above information is given as an inducement to obtain insurance coverage. When coverage is placed, I agree to supply loss runs for the prior three years, within sixty days of the effective date of coverage.

Signature/Title: _____

Print Name and Name of Business: _____

Date: _____

Fax Back to Our Office: (423) 894-0907

Date: _____

RE: Claims History – Loss Runs:

Package Policy Number: _____

Work Comp Policy Number: _____

Automobile Policy Number: _____

Dear Sir:

We are reviewing our insurance costs. In order to get our official claims history, please fax me the loss runs for my policies for the past three years. I would appreciate your prompt attention to this matter. Please fax to (423) 894-0907.

Sincerely,

Signed

Print Name & Title

Legal Name of Business

Address

Fax Back To Our Office: (423) 894-0907