

# Convenience & Grocery Store Supplemental Application



AmTrust E&S Insurance Services  
An AmTrust Financial Company

\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

**Instructions:** All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

## Section I – Applicant Information

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Form of Business:  Individual  Corporation  Partnership  LLC  Other (describe): \_\_\_\_\_

Description of Operations: \_\_\_\_\_

## Section II – Eligibility Criteria

1. No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five (5) years  True  False
2. Applicant has been in business for minimum of three (3) years  True  False
3. Applicant has not, is not and will not act as a franchisor (grantor of a franchise)  True  False
4. Gross sales do not exceed \$3,000,000  True  False
5. No auto repair or towing operations  True  False
6. No locations with more than 5,000 square feet  True  False
7. No sale of fireworks, firearms or ammunition on the premises  True  False
8. No drive-through window for alcohol sales  True  False
9. All cooking equipment is covered by a functioning and operational automatic fire extinguishing system that is National Fire Protection Association standard 96-compliant  True  False

10. Revenue:

	Location 1	Location 2	Location 3
Retail Sales	\$ _____	\$ _____	\$ _____
Gasoline	_____ Gallons	_____ Gallons	_____ Gallons
Food/Restaurant	\$ _____	\$ _____	\$ _____
Liquor	\$ _____	\$ _____	\$ _____
LPG	\$ _____	\$ _____	\$ _____
Car Wash	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
<b>Total Gross Revenue</b> (these exposures are auditable)	\$ _____	\$ _____	\$ _____

11. Operating Hours:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	_____	_____	_____	_____	_____	_____	_____
To:	_____	_____	_____	_____	_____	_____	_____

12. How many years has the Applicant been in business? \_\_\_\_\_

13. How many years has Applicant been at current location? \_\_\_\_\_

14. Number of Employees: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

### Section III – Operations

1. Does the applicant sell gasoline?  Yes  No  
**If YES, type of gasoline pump service:**  Full Service only  Self Service only  Both Full & Self Service
2. Are gas pumps protected by vehicle barrier stops?  Yes  No
3. Does Applicant provide LPG tank filling?  Yes  No  
**If YES, how many gallons of LPG gas were sold as part of tank filling operations?** \_\_\_\_\_
4. LPG tank filling is only eligible if the following requirements are met. Please verify the following:
- a. Employees are trained on how to properly fill tanks  Yes  No
  - b. Only trained employees are allowed to fill tanks – No customers  Yes  No
  - c. Sales from this operation account for no more than 15% of total revenue  Yes  No
5. Does applicant offer LPG tank swap?  Yes  No  
**If YES, are there protective barriers around the tanks?**  Yes  No
6. Is there any cooking or food preparation on the premises?  Yes  No  
**If YES, indicate type of cooking:**  
 Microwave  Pizza Oven  Grill  Fryer  
 Deli  Salad Bar  Other: \_\_\_\_\_
7. Do ventilation control and fire protection systems conform to National Fire Protection Assoc. (96) guidelines?  Yes  No
- a. How often is the extinguishing system serviced? \_\_\_\_\_
  - b. How often is the hood and duct system cleaned? \_\_\_\_\_
  - c. Is an automatic fuel shut-off provided?  Yes  No
  - d. Are proper portable fire extinguishers provided in the kitchen?  Yes  No
8. Are there lottery machines on the premises?  Yes  No  
**If YES, total sales:** \$ \_\_\_\_\_
9. ATM on the premises?  Yes  No  
**If YES, is the insured responsible for any monies?**  Yes  No
10. Does applicant have any tobacco sales?  Yes  No  
**If YES, are procedures displayed and followed on verifying the age of the customers purchasing cigarettes?**  Yes  No
11. Is there a car wash on the premises?  Yes  No  
**If YES, please describe:**
12. Is there a habitational/apartment exposure?  Yes  No  
**If YES, number of units?** \_\_\_\_\_

### Section IV – Liquor Liability Not Applicable

1. Does Applicant maintain Liquor Liability coverage?  Yes  No  
Insurance carrier: \_\_\_\_\_ Limits of Liability: \$ \_\_\_\_\_
2. Does the Applicant have a valid liquor license?  Yes  No  
Name of License: \_\_\_\_\_ License Number: \_\_\_\_\_
3. Does Applicant display signs stating the minimum age to purchase liquor or alcohol as per state law?  Yes  No
4. Is ID checked when liquor/alcohol purchased by individuals who look under the age of 30?  Yes  No
5. Does the establishment utilize an identification scanner device to verify age of patrons?  Yes  No
6. Are all alcohol-serving employees certified in a Formal Alcohol Training Course not mandated by the state?  Yes  No  
**If YES, provide name of course:** \_\_\_\_\_
7. What time does the sale of alcohol cease? \_\_\_\_\_  AM  PM  24 Hours
8. Does the establishment attract a predominantly youthful or college crowd ranging from 21-25 years of age?  Yes  No
9. Any on-site consumption of alcohol?  Yes  No
10. Does applicant ever sell or serve alcohol away from the premises?  Yes  No

## Section V – Security

1. Is there a Central Station Burglar Alarm?  Yes  No
2. Does the cashier have a panic button direct to police or alarm company?  Yes  No
3. Does the applicant have a drop safe?  Yes  No
4. Minimum number of cashiers/attendants on duty at any one time?  Yes  No  
**If YES, list number:** \_\_\_\_\_
5. Any weapons or firearms on the premises?  Yes  No
6. Are there employee training procedures in place for handling shoplifting, robbery or customer disturbances?  Yes  No
7. Is there a surveillance camera on premises?  Yes  No
8. Exterior lights: building and parking area determined to be adequate by police/security firm?  
 a. Does the insured have posted "No Loitering" signs?  Yes  No
9. Are there any security guards on premises?  
 Are the guards:  Employees  Independent Contractors  Off-duty police  
 Are the guards:  Armed  Unarmed
10. If independent contractors are used:  
 a. Applicant named as additional insured withhold harmless on security firm's policy?  Yes  No  
 b. Certificates of insurance obtained and maintained on file?  Yes  No

## Section VI – Maintenance

1. Do you have written procedures for inspecting and maintaining of your premises?  Yes  No
2. Who performs building and/or site maintenance, service and repair?  
 a. Janitorial operations:  Employee  Independent Contractor  NA  
 b. Landscaping/lawn care operations:  Employee  Independent Contractor  NA  
 c. Snow & ice removal:  Employee  Independent Contractor  NA  
 c. General maintenance & repairs:  Employee  Independent Contractor  NA  
 e. Parking lot maintenance & repair:  Employee  Independent Contractor  NA
3. If done by an independent contractor:  
 a. Is Applicant named as additional insured withhold harmless on subcontractor's policy?  Yes  No  
 b. Are certificates of insurance obtained and maintained on file?  Yes  No
4. Does Applicant have Workers' Compensation coverage in force?  Yes  No

## Section VII – Violations / Claims History

1. Is Applicant aware of any fines, violations or citations for sale or service of alcohol in past five (5) years?  Yes  No

**If YES, complete the following:**

Date of Violation	Type of Violation	Action taken to prevent future violations

2. Has the Applicant had any reported liquor liability and/or assault or battery claims, or notification of potential liquor liability and/or assault or battery claims at this location within the past five (5) years?  Yes  No

Date of Violation	Type of Violation	Action taken to prevent future violations

## Fraud Warning

**Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

**ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and 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. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

**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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA, KENTUCKY and 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

**FLORIDA and OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

**KANSAS:** An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

**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 denial of insurance benefits.

**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

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OREGON:** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE 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 may include imprisonment, fines and/or denial of insurance benefits.

## Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

### Applicant:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.**

Name of Producing Agency: \_\_\_\_\_

Signature of Producing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY**