

Convenience Store Supplemental Application

Applicant Name:

Requested Effective Date:

Insured's Website:

I. Summary of Operations

Please provide a narrative of the Insureds operations (Include all entities and reference entities to be excluded, if any):

Years in business: Number of employees: Years current management has been in place:

Does the applicant/business owner currently own any other entities or operate any other businesses? Yes No If yes, please provide details.

Name of Entity	Description of Operations	% of Ownership	Separately Insured	
			Yes	No

Insured Operations:

	Operations		Gallons	Gross Revenue	Payroll
	Yes	No			
Fuel Oil				\$	\$
Propane				\$	\$
Gasoline				\$	\$
Diesel				\$	\$
HVAC				\$	\$
Gas Service Stations				\$	\$
Petroleum Distib. for others				\$	\$
Terminal Facilities/ Throughput				\$	\$
Other (Describe)				\$	\$
Total				\$	\$

II. Gasoline Service Station and/or Convenience Store Operations

Please indicate the number of locations by type:	Owned	Operated	Leased	Total
Gasoline Service Stations w / C Store				
Gasoline Service Stations w/o C Store				
C Store (not at Gasoline Service Station)				
* Automotive Repair Shops				
* Car Wash Locations				

Number of Gasoline Service Stations or C stores that are: Full Service: Self Service: Open 24/7:

Are security cameras on premises? Yes No Are there liquor sales? Yes No

For stores that are open 24/7, are two employees (at a minimum) on duty between the hours of 8:00pm and 6:00am? Yes No

Beer and Wine only? Yes No

Has the insured had any liquor-related losses or violations? Yes No If yes, please explain below.

Are employees trained in the sale of alcohol? Yes No If yes, please explain below.

Are all employees that sell alcohol at least 21 years old? Yes No

Annual receipts from gas stations & C-Stores (excluding gasoline): \$

Gradual Pollution and Sudden and Accidental Pollution Policy? Yes No If Yes, attach a copy of the dec page

III. Bulk Plant

Provide the following details on each Bulk Storage Tank Location					
Location Number					
Types of Commodity Stored in Tank					
Total Number of Tanks Above Ground					
Total Number of Tanks Below Ground					
Maximum capacity of largest tank at site					
Total capacity of ALL tanks at site					
Fencing around perimeter of property					
	Yes	No	Yes	No	Yes
CCTV Surveillance or other means					
Outdoor lighting used at night/after hours					

Do you have a separate Pollution Policy in place at each of these sites if storing commodities other than LPG? Yes No

If yes, does it cover: Gradual pollution along with Sudden and Accidental Pollution? Yes No Specify limit: \$

Are all above ground oil storage tanks protected by cement spill containment dikes? Yes No

If yes, please describe details about the system:

If no, why? Are there plans underway to install?

What are the age of the tanks and has there been any renovations or updates made to the tanks?

Are there any fencing, lighting, cameras, etc? Yes No If yes, please describe below.

IV. Cooking Exposure

For convenience stores that have cooking operations, please confirm if the following safeguards are in place:

a. What equipment is present (ie grills, ranges, fryers, etc)?

b. Exhaust hood has baffle filters in place and free from any accumulations of grease? Yes No

c. Commercial kitchen exhaust hoods are being professionally cleaned on a regular interval? Yes No
If yes, what is the interval?

d. A wet chemical extinguishing system is appropriately installed over any grilling and/or deep fat frying equipment? Yes No

e. Fryers are distanced from open flames or have appropriate baffles/barriers? Yes No

f. Class K extinguishers present in cooking area and serviced/tagged regularly? Yes No

V. Car Wash Service Stations

What Type of car wash service stations are available at your C-Stores?

Self-Service: Automated Service: Full Service:

Are car wash areas kept free of any debris? Yes No If No, explain below.

If not full service, how often is area checked/cleaned?

Are proper safety/warning signs posted around the car wash area? Yes No If No, explain below.

Are vehicle entry and exit areas properly marked? Yes No If No, explain below.

Are chemicals stored in the proper containers? Yes No If No, explain below.

Are all chemicals properly labeled? Yes No If No, explain below.

For full service, are employees trained in slips, trips and falls prevention? Yes No If No, explain below.

For full service – what is minimum age and experience for drivers?

For self-service- is operations open after hours or during darkness? Yes No If No, explain below.

If yes- is premises well lit? Yes No Describe what security is in place?

For automated- are instructions posted to customer to close all windows, etc? Yes No If No, explain below.

Are customers made aware that the store is not liable for damages to vehicle? Yes No If No, explain below.

Are there any safeguards to prevent entry to wash tunnel on foot? Yes No If No, explain below.

Is there a spill containment/program in place? Yes No If No, explain below.

Explanation:

VI. Safety and Loss Control Provisions

Is there a formal safety director? Yes No Name: Telephone:

Do you have a formal written safety program in place? Yes No If No, explain below.

How often updated? Who enforces and responsible for administrating?

Is there a DOT compliant Drug Testing program in place? Yes No If No, explain below.

Is there an employee training program? Yes No If No, explain below.

If yes, who provides the training?

What areas/topics are covered?

Is training documented and attendance taken? Yes No If No, explain below.

Is there a Return to Work program? Yes No If No, explain below.

Are employees trained on robbery prevention? Yes No If No, explain below

If yes, who provides the training?

What is the frequency of training?

Is a loaded firearm kept on premises? Yes No

If yes, what are the circumstances of use?

Are all employees instructed on how to handle a firearm and instructed on when to use it? Yes No

If no, who is trained to use the firearm and when are they allowed to use it?

Are employees required to have a permit to fire a gun? Yes No If No, explain below.

Are employees trained on the Workplace Violence policy? Yes No If No, explain below.

If yes, who provides the training?

What is the frequency of training?

Does each store operate with more than one employee during night shifts? Yes No If No, explain below.

Does the store have a certified fire suppression system in place? Yes No If No, explain below.

If yes, are they inspected and tagged? Yes No If No, explain below.

Is a CCTV system in place for the interior and exterior of the store? Yes No If No, explain below.

Is the store in a high crime area? Yes No If No, explain below.

Does the Insured follow OSHA standard for promoting a safe workplace? Yes No If No, explain below.

Has the Insured ever been cited for safety violations? Yes No If No, explain below.

Is documentation of safety meetings maintained? Yes No If No, explain below.

If yes, who provides the training?

What is the frequency?

Is training documented and attendance taken? Yes No If No, explain below.

Is food properly disposed of if it has passed to expiration date?

Yes

No

If No, explain below.

If yes, what methods are used to record food's shelf life?

Are perishables rotated properly on store shelves?

Yes

No

If No, explain below.

Are employees trained in properly handling food?

Yes

No

If No, explain below.

What preparation and sanitation procedures are followed to prevent foodborne illnesses?

Explanation:

VI. Pre-Employment Hiring Procedures

Written Application: Yes No Reference Check: Yes No Criminal Background Check: Yes No
 Drug Screening: Yes No Physical Exam: Yes No No Motor Vehicle Record Review: Yes No

What is the driver criteria?

Who runs & reviews MVR?

Does the insured require all new drivers to do ride-alongs with experienced insured drivers? Yes No

If Yes, for how many months?

If yes, what topics are typically covered?

Who administers the training?

How (ie classroom, on the job, etc)?

What is the average employee turnover over the last 3 years? %

Do you provide Group Medical: Yes No Paid Sick Leave: Yes No Paid Vacation: Yes No

VII. Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Applicant

Name and Title

Signature

Date

Broker

Name and Title

Signature

Date