



# Convenience Store Supplemental Questionnaire

## APPLICANT INFORMATION

NAMED INSURED \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

FEIN \_\_\_\_\_

WEB ADDRESS \_\_\_\_\_

## UNDERWRITING INFORMATION

- |  |   |
|--|---|
| <p>1. Ownership: <input type="checkbox"/> Individual ownership<br/><input type="checkbox"/> Franchise operation</p> <p>2. Hours of operations:<br/>_____ to _____</p> <p>3. What is the minimum number of persons on duty per shift?: _____</p> <p>4. Is the entire property paved? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Is the parking lot always well-lit? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are signs posted at all exits? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Does applicant keep firearms on premises? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Have store employees been instructed in the proper procedures for dealing with crimes such as shoplifting and robbery? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Does the applicant cash checks? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Does the applicant have a burglar-resistant drop safe? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. How often are bank deposits made? _____</p> <p>12. How many fire extinguishers on the premises? _____</p> <p>13. Is there a wood-burning stove on the premises? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>14. Any buildings owned or occupied by the insured not described on the application?<br/>..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Are exterior doors equipped with double cylinder dead-bolt locks?<br/>..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Are floors kept free of water/slipping? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Has applicant ever been cited for violating any local board of health and/or immigration regulations?<br/>..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. How is traffic in the store monitored (mirrors, closed circuit TV, etc.)?<br/>_____<br/>_____<br/>_____</p> <p>19. Does applicant offer gasoline sales? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Are pumps protected by posts? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Are "no smoking" signs posted on all pumps?<br/>..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Any service or repair work done? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>23. How old are the underground tanks? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. The tanks are? ..... <input type="checkbox"/> Metal <input type="checkbox"/> Fiberglass</p> |
|--|---|

25. How often are tanks tested for leaks?  
\_\_\_\_\_

28. Does applicant prepare food? .....  Yes  No

26. Are any of the following sold?
- a. L.P. gas? .....  Yes  No
  - b. Bottled propane? .....  Yes  No
  - c. Racing fuel? .....  Yes  No

29. Does applicant have any delivery service? ...  Yes  No

30. Does applicant have a fire suppression system?  
.....  Yes  No

27. Are any catering services provided? .....  Yes  No

31. How often is refrigeration equipment inspected?  
\_\_\_\_\_

**N.J. Law P.L. 1995, c. 132:** Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

**For PA Submissions:**

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 subjects such person to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief. not intended to be covered under this policy?

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

\_\_\_\_\_  
Owner or Officer's Name

\_\_\_\_\_  
Agent's Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner or Officer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expiring Policy Number, If Applicable