

Convenience Store SUPPLEMENTAL QUESTIONNAIRE

APPLICANT INFORMATION

NAMED INSURED	SOCIAL SECURITY NUMBER	DATE
POLICY NUMBER	AGENCY	

SUPPLEMENTAL UNDERWRITING INFORMATION

- | | |
|--|--|
| <p>1. Ownership: <input type="checkbox"/> INDIVIDUAL OWNERSHIP
 <input type="checkbox"/> FRANCHISE OPERATION</p> <p>2. Hours of operation:
_____ 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?
..... <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>15. Are exterior doors equipped with double cylinder dead-bolt locks?..... <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?
..... <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>18. How is traffic in the store monitored (mirrors, closed circuit TV, etc.)?</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? <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> |
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SUPPLEMENTAL UNDERWRITING INFORMATION, CONTINUED

23. How old are the underground tanks?

24. The tanks are? METAL FIBERGLASS

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

26. Are any of the following sold?

a. LP gas? YES NO

b. Bottled propane? YES NO

c. Racing fuel? YES NO

27. Are any catering services provided?..... YES NO

28. Does applicant prepare food? YES NO

29. Does applicant have any delivery service? ... YES NO

30. Does applicant have a fire suppression system?
..... YES NO

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



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