

Cstore Application Worksheet

Agent:



909 Lake Carolyn Parkway, Suite 800A
Phone: 866-828-0105 Fax 309-683-1636

Effective Date

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Convenience Store Eligibility

Has manager successfully completed the dealer training school of the oil company they represent?	Yes / No
Is the risk located in a protection class 8, 9 or 10 town?	Yes / No
Does the owner have three years of ownership or management experience in the convenience store industry?	Yes / No
Is any building greater than 25 years of age?	Yes / No
Are alcohol sales greater than 15%?	Yes / No
If alcohol is sold, do all employees receive proper control of liquor sales training?	Yes / No / Not Applicable
Does the risk have a major oil company affiliation?	Yes / No
Do cooking sales exceed 25% of total sales?	Yes / No
Does the store have closed circuit television with video coverage of the entire premises?	Yes / No
How long are video tapes kept?	
During operating hours, does the attendant have access to a manually operated panic button?	Yes / No
Is the convenience store open between the hours of 12:00am to 4:00am?	Yes / No
Is the risk doing any vehicle repair or servicing work?	Yes / No
Is there regular police patrol throughout the day?	Yes / No
Does the risk have a storage yard for wrecked or disabled vehicles?	Yes / No
Does the risk have playgrounds?	Yes / No
Is the risk a truck stop?	Yes / No
Does the risk sell propane?	Yes / No
If 'Yes', do propane sales exceed 10% of total sales?	Yes / No
If 'Yes', are propane sales limited to individual bottle exchange only?	Yes / No
Is there an emergency gas pump shut-off?	Yes / No

General Eligibility

Describe other building occupants besides applicants:

General Eligibility

Describe neighboring exposures:

Is property and liability insurance coverage currently in effect? Yes / No

Is this a new venture? Yes / No

Has risk been previously cancelled or had a lapse in coverage? Yes / No

Is any property currently vacant, partially vacant, unoccupied or closed for business? Yes / No

Is the risk in the course of construction or major renovation? Yes / No

Does the existing safety program include detailed written record(s) of any injury occurring on the insured premises? Yes / No

Do the records include proof that the management immediately shared this information with the insurance carrier? Yes / No

Are there burglar bars on the windows? Yes / No

Have there been any bankruptcies, financial reorganizations, or liens in the past 3 years? Yes / No

Is risk within 1 (one) mile of the ocean or gulf, inclusive of barrier islands? Yes / No

Is the electrical system connected to circuit breakers? Yes / No

Are there metal detectors on the premises? Yes / No

Are there any firearms or guard dogs on premises during or after business hours? Yes / No

Applicant Information

DBA:

Applicant:

Mailing address:

Mailing address (cont):

City:

State:

Zip code:

Applicant telephone:

Applicant fax:

Applicant email address:

Risk web site address:

Business type: Corporation / LLC / Partnership / Individual / Other (Describe)

Officer/Owner/Manager name:

Owner operated or leased: Owner Operated / Leased

Years of management experience:

Applicant Information

Years at this location:

Inspection contact:

Life Safety

Are emergency plans posted in public areas? Yes / No

Is there emergency lighting in corridors, interior hallways & stairs? Yes / No

Is there a written life safety plan? Yes / No

Are smoke detectors installed in the building? Yes / No

Are there fire extinguishers in building public areas? Yes / No

Have the fire extinguishers been serviced in the last 12 months? Yes / No

Distance to nearest fire department? Miles

Is the fire hydrant less than 600 feet away? Yes / No

Protection: Video Surveillance - In / Video Surveillance - Out / Video Surveillance - Both / None

Prior Carrier/Loss History

Current year carrier:

Number of current year claims:

Amount paid including expenses: \$

Current year premium: \$

Prior year carrier:

Number of prior year claims:

Amount paid including expenses: \$

Prior premium: \$

2nd prior year carrier:

Number of 2nd prior year claims:

Amount paid including expenses: \$

2nd prior premium: \$

Number of crime / fidelity losses in past three years?

Location

Location address:

Location address (cont):

City:

State:

Zip:

County:

Location

Protection class:		
Property deductible:	\$	\$25,000 / \$10,000 / \$5,000 / \$2,500 / \$1,000
BPP theft deductible:		\$25,000 / \$10,000 / \$5,000
Outdoor signs limit:	\$	
Outdoor signs deductible:	\$	

Optional Exposures

Does the risk have a cooking / kitchen exposure?	Yes / No
Does the risk have an alcohol sales exposure?	Yes / No
Does the risk have a car wash exposure?	Yes / No
Does the risk have a refrigeration exposure?	Yes / No
Does the risk have a propane exposure?	Yes / No
Does the risk have a vendor equipment exposure?	Yes / No

Cooking / Kitchen

Is the kitchen / restaurant leased?	Yes / No
If leased, does the lessee provide the lessor with a certificate of insurance?	Yes / No
Is there open flame or deep fat fry cooking on premises?	Yes / No
Is there a high temperature limit control on deep fryers?	Yes / No
Does the deep fat fryer have a minimum of 16" of clearance from open flames or a baffle plate/splashguard?	Yes / No
Are automatic fuel shut-offs installed?	Yes / No
Does the risk have a kitchen automatic fire suppression system?	Yes / No
Has the kitchen automatic fire suppression system been serviced in the last 12 months?	Yes / No
Does the risk have a hood & duct system?	Yes / No
Date the hood & duct system was last cleaned:	
How frequently is the hood & duct system cleaned?	Monthly / Quarterly / Semi-Annually / Annually / Other

Alcohol Sales

Do all employees receive sufficient alcohol sales training?	Yes / No
Does the establishment have a liquor license?	Yes / No
Number of warnings/citations/violations received in the past 3 years:	
Has license ever been suspended or cancelled?	Yes / No
Does applicant keep an alcohol incidents log book?	Yes / No
Does applicant currently have liquor coverage?	Yes / No

Alcohol Sales

Type of alcohol sold:	Beer/Wine / Hard Liquor / All Liquor
Is alcohol consumption allowed on the premises?	Yes / No
Are all sales made by staff over the legal drinking age?	Yes / No
Are signs visibly posted displaying the legal drinking age?	Yes / No
Are patrons allowed to bring in or store their own alcoholic beverages (BYOB)?	Yes / No

Car Wash

Is car wash equipment "Brushless"?	Yes / No
Is the car wash a self-service "Wand" type?	Yes / No
Is it left open during convenience store closing hours?	Yes / No
Are water pipes protected against freezing?	Yes / No

Refrigeration

Age of refrigeration system?	Years
Name of inspecting company for refrigeration system:	
Has the system been inspected in the last 12 months?	Yes / No
How frequently is it inspected:	Monthly / Quarterly / Semi-Annually / Annually / Other

Propane

Is the storage of propane tanks done so in accordance with regulatory compliance?	Yes / No
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Vendor Equipment

Do you have vending machines?	Yes / No
Are the vending machines solidly anchored and do they have tamper proof collection boxes?	Yes / No
Are the vending machines located inside or outside of the premises?	Inside / Outside / Both
Are the vending machines owned or leased?	Owned / Leased / Both
Do you have ATM machines?	Yes / No
Are the ATM machines solidly anchored?	Yes / No
Are the ATM machines located inside or outside of the premises?	Inside / Outside / Both
Are the ATM machines owned or leased?	Owned / Leased / Both
What is the amount of currency maintained in the ATM on a daily basis?	\$

Inland Marine

Does the risk have an Inland Marine exposure?	Yes / No
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Inland Marine

Is any equipment rented, loaned to/from others with or without operators?	Yes / No
Is applicant operating equipment not listed on the equipment schedule?	Yes / No
Is any of the equipment used in underground work?	Yes / No
Where is equipment stored after hours?	

IM Equipment

Description:	
Manufacturer:	
Model:	
Model year:	
ID number:	
Date bought:	
Limit of insurance:	\$

Catastrophe

What is the distance from coastal water?	Within 1 mile / Less than 50 miles / More than 50 miles
Is wind / hail excluded on current policy?	Yes / No
Does the risk want to exclude wind / hail coverage?	Yes / No

Property Extension

Property extension endorsement:	Yes / No
EDP limit:	\$25,000 / \$15,000

Crime

Is crime coverage required?	Yes / No
Inside the premises - robbery or safe burglary of other property	No Coverage / \$1,000 / \$2,500 / \$5,000
Inside of the premises - theft of money & securities	No Coverage / \$1,000 / \$2,500 / \$5,000
Outside the premises theft of money & securities	No Coverage / \$1,000 / \$2,500 / \$5,000
Crime deductible:	\$

Fidelity

Does the risk want fidelity coverage?	Yes / No
Are deposits made daily?	Yes / No
Employee theft limit:	No Coverage / \$1,000 / \$2,500 / \$5,000

Fidelity

Forgery or alteration limit:		No Coverage / \$1,000 / \$2,500 / \$5,000
Fidelity deductible:	\$	

Building Coverages

Building address:		
Building description:		
Building limit:	\$	
Building cause of loss:		Special Form
Building coinsurance:		100% / 90% / 80%
Building valuation:		Replacement Cost / Actual Cash Value
Improvements & betterments (IB) limit:	\$	
IB cause of loss:		Special Form
IB coinsurance:		100% / 90% / 80%
IB valuation:		Replacement Cost / Actual Cash Value
Business personal property (BPP) limit:	\$	
BPP cause of loss:		Special Form
BPP coinsurance:		100% / 90% / 80%
BPP valuation:		Replacement Cost / Actual Cash Value
Business income limit:	\$	
Business income type:		With Coinsurance / Monthly Limit
BI coinsurance:		
Exclude ordinary payroll?		Yes / No
Bldg Ordinance A?		Yes / No
Bldg Ordinance B Limit:	\$	
Bldg Ordinance C Limit:	\$	
Awnings limit:	\$	
Awnings deductible:	\$	
Total building square footage:	Sq. Ft.	
Number of stories:		
Number of stories occupied by the insured:		
Construction type:		Frame / Joisted Masonry / Modified Fire Resistant / Fire Resistant / Non-Combustible / Masonry Non-Combustible

Building Coverages

Roof type:	Composite Shingles / Wood Shingles / Metal / Clay or Concrete Tiles / Single Ply Membrane / Built Up / Concrete Fill / Unknown
Year built:	
Has the building been updated?	Yes / No
Year HVAC updated:	
Year roof updated:	
Year electrical updated:	
Year plumbing updated:	
Is the building fully sprinklered?	Yes / No
If yes, is evidence of a sprinkler flow test available?	Yes / No
Has the sprinkler system been tested in the last 12 months?	Yes / No
Is there an active fire central station alarm with a valid certificate present?	Yes / No
Do you warrant the system is operational in return for a premium credit?	Yes / No
Is there an active burglar central station alarm with a valid certificate present?	Yes / No
Do you warrant the system is operational in return for a premium credit?	Yes / No

Liability Coverages

General aggregate limit:	\$	\$2,000,000 / \$1,000,000 / \$600,000 / \$200,000 / \$100,000
Each occurrence	\$	
Personal and advertising injury	\$	
Products / Completed operations aggregate limit:	\$	
Fire damage limit:	\$	\$500,000 / \$300,000 / \$100,000 / \$50,000
Medical expense coverage:		Excluded
Does the risk want liquor liability coverage?		Yes / No
Liquor liability limit:	\$	
Does the risk want employee benefit liability coverage?		Yes / No
If yes, employee benefit payroll:	\$	
Bodily injury deductible:		\$5,000 / \$2,000 / \$1,000 / None
Prop damage deductible:		
Does the risk want stop gap coverage?		Yes / No
If yes, stop gap annual payroll:	\$	

Liability Coverages

Does the risk have primary auto coverage in place?	Yes / No
If no, does the risk want hired, non-owned auto coverage?	Yes / No

Exposures

Total convenience store receipts:	\$
Total alcohol sales receipts:	\$
Total propane receipts:	\$
Total restaurant receipts:	\$
Total car wash receipts:	\$
Total Gambling receipts:	\$
Does the risk have gaming?	Yes / No
If yes, how many gaming machines does the risk have?	
Total gasoline gallons sold annually:	
Lessors risk only exposure type	
Lessors risk only exposure square footage:	Sq. Ft.

Additional Interests

Name:	
Address:	
City:	
State:	
ZIP:	
Relation:	AI Manager / Lessor of Premises / AI Executor / Trustee / AI Lessor of Equipment / AI State / County / City / AI Mortgagee / Assignee / Receiver / AI Grantor of Franchise

Loss Payees

Name:	
Address:	
City:	
State:	
ZIP:	
Relation:	Loss Payable / Lenders Loss Payable / Contract of Sale

Terrorism

Terrorism coverage?	Yes / No
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Agent Evaluation

Has producer inspected the risk?	Yes / No
Producer rating of the risk:	Excellent / Above Average / Good
Price needed:	\$
Return quote to:	Producer / CSR / Both
Submission notes:	

Additional Notes
