

**CENTURY SURETY COMPANY**  
**Convenience Store (with or without Gasoline Sales) Supplemental Questionnaire**  
**(Complete in addition to Acord Application)**

1. **INSURED** \_\_\_\_\_

2. **LOCATION ADDRESS:** \_\_\_\_\_

3. **GENERAL INFORMATION:**

Number of years in this type of business: \_\_\_\_\_ Number of years in operation at this location: \_\_\_\_\_

Business Hours \_\_\_\_\_ to \_\_\_\_\_ Number of days the business is open per week: \_\_\_\_\_

- a. Does the store sell the following items?
- |   | Yes                      | No                       |   |
|---|--------------------------|--------------------------|---|
| Fireworks   | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Firearms and/or ammunition  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Gasoline, Diesel, or Kerosene Fuel  | <input type="checkbox"/> | <input type="checkbox"/> | Number of pumps _____   |
| LPG (liquid petroleum gas) tank filling   | <input type="checkbox"/> | <input type="checkbox"/> |   |
| By Employee or Customer? _____  |                          |                          |   |
| LPG (liquid petroleum gas) tank swapping?   | <input type="checkbox"/> | <input type="checkbox"/> | Number of tanks _____   |
| Are there protective barriers around the tanks?   | <input type="checkbox"/> | <input type="checkbox"/> |   |
| b. Any auto repair or service operation?  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| c. Any car wash operation on the premises?  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| <input type="checkbox"/> Attached or <input type="checkbox"/> Detached?   |                          |                          | Area (sq. ft.) of car wash _____  |
| <input type="checkbox"/> Fully Automated or <input type="checkbox"/> Self - Service   |                          |                          | Number of bays _____  |
| d. Are alcoholic beverages consumed on the premises?  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| e. Will store cash checks for a fee?  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| f. Any video rental operation on the premises?  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| g. Total area (square footage) of building _____  |                          |                          |   |
| Area of Convenience Store _____   |                          |                          | Storage area _____ Attached Car Wash area _____                                       |
| Area of deli, snack bar, or restaurant _____  |                          |                          | (Also answer question in Section 5 - Cooking Hazard Questionnaire)                    |
| Area of Apartment unit(s) _____   |                          |                          | Number of units _____ (Also answer questions on the Habitational Supplement CSL 7021) |
| Area leased to others _____   |                          |                          | Describe type of operation _____  |
| h. Are there any security guards on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No                          |                          |                          |   |
| If yes, number of unarmed _____ armed _____   |                          |                          |   |
| i. Is the entire premises well lit at night? <input type="checkbox"/> Yes <input type="checkbox"/> No                               |                          |                          |   |
| j. Does the insured have security cameras inside and outside the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |                          |   |
| k. Has the insured ever had an assault and/or battery claim? <input type="checkbox"/> Yes <input type="checkbox"/> No               |                          |                          |   |
| ii. If yes, please furnish full details: _____  |                          |                          |   |

4. **FILL IN FINANCIAL INFORMATION FOR THE PAST YEAR AS REQUESTED BELOW:**

- a. Fiscal Date (month & year) \_\_\_\_\_
- b. Liquor Sales \$ \_\_\_\_\_
- c. Food Sales (grocery and dairy) \$ \_\_\_\_\_
- d. Tobacco Sales \$ \_\_\_\_\_
- e. Fuel Sales \$ \_\_\_\_\_
- f. Gross Annual Income and Sales \$ \_\_\_\_\_

5. **PROPERTY COVERAGE INFORMATION**

- a. Are there protective barriers/poles around the fuel pumps?  Yes  No  NA
- b. Fire Extinguishers:  Yes  No How many? \_\_\_\_\_ Serviced & Tagged within the past year?  Yes  No
- c. Alarm and Security systems:
- Burglary alarm  Yes  No
- If yes, Central station  or Local gong  UL Cert No. \_\_\_\_\_
- Does it include Interior Motion Detection Devices that protect the entire building?  Yes  No
- Does the cashier have a panic button direct to the police or alarm company?  Yes  No
- Is there a surveillance camera on the premises?  Yes  No
- Fire alarm  Yes  No If yes, Central Station  or Local gong
- Smoke alarm  Yes  No

