

Convenience, Delicatessen and Grocery Store Product

CONVENIENCE, DELICATESSEN AND GROCERY STORE SUPPLEMENTAL APPLICATION

All questions must be answered and application must be signed by applicant.

Name of Applicant: _____

Date: _____

Website (if any) _____

E-mail Address: _____

- | | Prohibited | Submit | Eligible |
|---|------------------------------|------------------------------|------------------------------|
| 1. Any prior claims | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Annual sales over 3,000,000? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. A risk over 4,000 Sq. Ft. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Alcohol sales greater than 25% of annual sales? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. More than 4 apartment units? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Sales of gasoline over 75% of annual sales not including Lottery ticket sales. | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 7. Sales of propane tanks filled on premise?(Filled off premises by others are eligible) | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 8. Any auto repair or car wash operation? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 9. More than 6 arcade or video game machines? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 10. Any firearms on premise? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 11. Are fireworks sold in or within 20 feet of the insured property? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 12. Is all the electrical wiring on functional and operational circuit breakers? | <input type="checkbox"/> No | | <input type="checkbox"/> Yes |
| 13. Does the electrical system have aluminum or knob & tube wiring? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 14. Has the business been in operation under the same management for over 3 yrs? | | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 15. Has the risk had any Health or Safety violations? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 16. If cigarettes are sold, are procedures displayed and followed on verifying the age of customers purchasing cigarettes? | <input type="checkbox"/> No | | <input type="checkbox"/> Yes |
| 17. If open after 12 am does the facility have all the following?
Surveillance cameras, central station hold up alarm, 2 or more employees on duty at all times, and adequate exterior lighting. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 18. Is the property eligible according to United States Liability Insurance Group Coastal Guidelines? | <input type="checkbox"/> No | | <input type="checkbox"/> Yes |
| 19. Any prior tax liens, bankruptcy or felony conviction? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 20. Is there a delivery service now or one implemented at any time in the future?
If Yes, Non-owned and Hired auto is NOT available. | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 21. Are there functioning smoke detectors on the premises? | | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 22. Hours of operation: _____ 24 hour or _____ | | | |

Food sales (Do not include alcohol or lottery ticket sales)	\$ _____
Prepared/Cooked Food sales	\$ _____
Alcohol beverage sales	\$ _____
Lottery Ticket sales	\$ _____
Gallons of Gas sold	_____
Number of Apartment units	_____

Submit means this account may not be eligible for this Businessowners Product.
We can review a completed application for a Commercial Package policy.
If prohibited, please decline the account.

Submit Details _____

Applicants Signature _____

Date _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature _____ Title _____ Date _____

(Owner or Officer)

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____
