



**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?
- c. Any car wash operation on the premises?
- Attached or  Detached? Area (sq. ft.) of car wash \_\_\_\_\_
- Fully Automated or  Self – Service Number of bays \_\_\_\_\_
- d. Are alcoholic beverages consumed on the premises?
- e. Will store cash checks for a fee?
- f. Any video rental operation on the premises?
- 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?  Yes  No
- If yes, number of unarmed \_\_\_\_\_ armed \_\_\_\_\_

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

