



**CONVENIENCE STORE PROGRAM
SUPPLEMENTAL APPLICATION**

General Agent Name _____
Address: _____

Date: _____

Phone: _____

Fax: _____

Insured: _____ Location: _____

Address: _____

Please answer Yes or No to all questions unless otherwise indicated.

GENERAL INFORMATION

Receipts: Total: \$ _____ Total Employees: FT _____ PT _____
Liquor: \$ _____ Operating Hours: _____
Gas: \$ _____ Days: _____
Other: \$ _____

Any ATM on premises? _____ Any Lottery Machines? _____ If yes, sales: \$ _____

LPG Sales: \$ _____ LPG Tank filling? _____ LPG Tank Swap? _____

Any firearms on premise? _____ Square footage of building: _____

Describe safety controls (i.e. lighted exits, emergency lighting, doors swing outward) _____

Ansel system? _____ If yes, frequency of service: _____

Hoods/Ducts? _____ If yes, frequency of cleaning: _____

LIQUOR & COOKING INFORMATION

Is Liquor Liability to be quoted through Colony Insurance? _____ If yes:

- Advise type of training of Owners, Managers, Employees: _____
- Liquor License Held: Beer/Wine _____ Liquor _____

Is there any cooking or food preparation on premises? _____ If Yes:

- Type of cooking: Microwave Oven _____ Pizza Oven _____ *Grill _____ *Fryer _____
- Deli _____ Salad Bar _____
- Other: _____

**Require automatic extinguishers and cleaning contracts*

GASOLINE SALES AND OTHER AUTOMOBILE EXPOSURES

Number of pumps: Self service _____ Full service _____

Is coverage provided for the gas products elsewhere? _____

- If yes, details of coverage: _____

Is there a car wash on premises? _____ If yes, describe: _____

Any Auto Repair? _____ If yes, type: _____

Please note: Colony has Pollution coverage available for Underground Storage Tanks. Ask your Agent for a complete specialty application if this coverage is needed.

THEFT & CRIME

If Theft Coverage or Crime coverage is requested, advise the following:

- Is there a Burglar Alarm? _____ If yes, type: _____
- Does the cashier have a panic button direct to the police or alarm company? _____
- Average amount of cash: \$ _____ Max. amount of cash or checks on premise: \$ _____
- Who is responsible for deposits & frequency of deposits? _____
- Do routes to the bank vary daily when making deposits? _____
- Is there a time lock safe on premise? _____ Time intervals: _____
- Minimum number of cashiers/attendants on duty at any one time: _____
- Is there a video camera on premise? _____
- Any Security Guards? _____ Number armed _____ Number unarmed _____

I hereby certify that all information is accurate to the best of my knowledge:

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____