



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 _____