

Agent Name: _____

Eff Date: _____

Email address: _____

Phone: 888-335-6616 Fax: 888-335-6615

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		Yes	No
2. Annual sales over 3,000,000?		Yes	No
3. A risk over 4,000 Sq. Ft.		Yes	No
4. Alcohol sales greater than 25% of annual sales?		Yes	No
5. More than 4 apartment units?		Yes	No
6. Sales of gasoline over 75% of annual sales not including Lottery ticket sales.	Yes		No
7. Sales of propane tanks filled on premise?(Filled off premises by others are eligible)	Yes		No
8. Any auto repair or car wash operation?	Yes		No
9. More than 6 arcade or video game machines?	Yes		No
10. Any firearms on premise?	Yes		No
11. Are fireworks sold in or within 20 feet of the insured property?	Yes		No
12. Is all the electrical wiring on functional and operational circuit breakers?	No		Yes
13. Does the electrical system have aluminum or knob & tube wiring?	Yes		No
14. Has the business been in operation under the same management for over 3 yrs?		No	Yes
15. Has the risk had any Health or Safety violations?	Yes		No
16. If cigarettes are sold, are procedures displayed and followed on verifying the age of customers purchasing cigarettes?	No		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.	No	Yes	
18. Is the property eligible according to United States Liability Insurance Group Coastal Guidelines?	No		Yes
19. Any prior tax liens, bankruptcy or felony conviction?	Yes		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.	Yes		No
21. Are there functioning smoke detectors on the premises?		No	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 _____