

**CENTURY SURETY COMPANY**  
**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

Firearms and/or ammunition

Gasoline, Diesel, or Kerosene Fuel

Number of pumps \_\_\_\_\_

LPG (liquid petroleum gas) tank filling

By Employee or Customer? \_\_\_\_\_

LPG (liquid petroleum gas) tank swapping?

Number of tanks \_\_\_\_\_

Are there protective barriers around the tanks?

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

- d. Type of wiring:  Copper  Aluminum
- e. Any wood-burning devices on the premises?  Yes  No
- f. Type of roof: \_\_\_\_\_  
Roofing Material(s) \_\_\_\_\_ Any wood shingles?  Yes  No
- g. **Values:** Our policy does not provide Blanket coverage. Show NA if not applicable.

	Building # 1	Building # 2	Building # 3	Contents (excluding EDP)
C-Store Building	_____	_____	_____	_____
Warehouse Building	_____	_____	_____	_____
Freestanding Kiosk	_____	_____	_____	_____
Car Wash Building	_____	_____	_____	_____
Fuel Pumps (no tanks)	_____	_____	_____	<b>Excluded per form</b>
Detached Canopy	_____	_____	_____	<u>NA</u>
Detached Sign	_____	_____	_____	<u>NA</u>
Detached Awning	_____	_____	_____	<u>NA</u>

**6. COOKING HAZARD QUESTIONNAIRE**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Is any type of cooking done on premises?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of cooking:   |                          |                          |
| <input type="checkbox"/> Microwave <input type="checkbox"/> Pizza Oven <input type="checkbox"/> Grill <input type="checkbox"/> Fryer <input type="checkbox"/> Deli |                          |                          |
| <input type="checkbox"/> Fast Food Restaurant (Also answer questions on the Restaurant Supplement CSL 7003)  |                          |                          |
| b. UL approved auto extinguishing system over <b>ALL</b> cooking surfaces and deep fryers?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of system: <input type="checkbox"/> Wet Chemical (UL 300 Approved) <input type="checkbox"/> Dry Chemical  |                          |                          |
| c. Semi-annual service contract for auto extinguishing system?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. <b>Automatic</b> gas or electric shut off for cooking with manual pull?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are hoods and ducts equipped with filters?  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are filters cleaned at a MINIMUM of every six months?   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Are hoods and ducts cleaned at a MINIMUM of every six months?   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Are portable fire extinguishers mounted and accessible to cooking areas?  | <input type="checkbox"/> | <input type="checkbox"/> |

**6. GENERAL LIABILITY INFORMATION**

- a. Area of Parking Lot: \_\_\_\_\_square feet  
Is applicant responsible for care/maintenance of lot?  Yes  No
- b. Surface of parking lot:  Gravel  Concrete  Asphalt  No Parking  Other \_\_\_\_\_
- c. Number of Exits: \_\_\_\_\_ Are all exits marked with exit signs?  Yes  No
- d. Are all exits equipped with panic door hardware?  Yes  No  
If "No", are all exits kept unlocked during business hours?  Yes  No
- e. Any weapons or firearms on the premises?  Yes  No
- f. Have there been any health or safety violations?  Yes  No

If coverage is provided, it will contain special exclusion (above and beyond normal policy exclusions) including, but not necessarily limited to, the following:

- a. Assault and Battery
- b. Liquor Liability

The Applicant, Agent or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

**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.**

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Producers Signature: \_\_\_\_\_

**CENTURY SURETY GROUP**  
**LIQUOR LIABILITY APPLICATION**  
(Complete a Separate Application for each location)

1. Name of Applicant(include dba): \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Location Address: \_\_\_\_\_
4. Applicant is:     Individual     Partnership     Corporation     LLC     Other  
If other, explain: \_\_\_\_\_
5. Location is:     Bar or Tavern     Caterer     Country Club     Mini Mart without Gas  
 Mini Mart with Gas     Motel/Hotel     Package Store     Private Club  
 Restaurant     Special Event (short term)     Sports Bar  
 Supermarket or Grocery Store     Other (explain): \_\_\_\_\_  
**(Note: If more than one of the above applies at this location then "x" each applicable box)**
6. If private club, indicate type (be specific) and purpose: \_\_\_\_\_

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7. Type(s) of Liquor License?     On Sale     Off Sale  
 Beer     Wine     Liquor
8. Show Hours and Days of Operation: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_
9. Show Receipts:    Estimated Next 12 Months    Last 12 Months  
a. Alcoholic Beverages    \_\_\_\_\_  
b. Food    \_\_\_\_\_  
c. Other    \_\_\_\_\_
10. Indicate type of area where you are located:     Commercial (Non-Industrial)     Downtown     Industrial  
 Residential     Resort     Rural     Suburban
11. Do you have any of the following?     Athletic Contests or Events     Bouncers     Comedy Shows  
 Dance Floor     Dart Board     Disc Jockey     Doorman  
 Exotic Dancers     ID Checkers     Live Music     Mechanical Rides  
 Movies or Videos     Pinball Machines     Pool Tables     Shuffleboard  
 Security Guards (employees)     Video Games     Nude Dancers or Nude Reviews  
 Security Guards\*(independent)     Firearms on premises  
\*Do independent contractors carry liability insurance and provide certificates?     Yes     No  
If you x'd any of above boxes, explain in detail (be specific about type of music provided, etc.): \_\_\_\_\_

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**Night Clubs (or any risk where entertainment is a primary function) is only written on a claims made form.**

12. Do you sponsor or provide any of the following?     Double for single prices     Free Alcoholic Drinks  
 Ladies Night     2 for 1 drinks     Singles Night     Drink Specials
13. Percent of patrons arriving and departing by automobile? \_\_\_\_\_%
14. Maximum number of employees (including owners and managers) on duty at any one time? \_\_\_\_\_
15. Maximum capacity of premises allowed by law? \_\_\_\_\_
16. Maximum number of patrons on premises at any one time? \_\_\_\_\_
17. Average number of patrons on premises at any one time? \_\_\_\_\_
18. Predominate age range of patrons?     21 - 35     26 - 35     Over 35
19. Do you allow anyone under 21 on your premises?     Yes     No  
If yes, explain \_\_\_\_\_

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- 20a. Have you or this establishment ever been charged, cited or fined by ABC commission or other governmental regulator?     Yes     No    If yes, explain \_\_\_\_\_

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- 20b. Have you or this establishment ever had its alcohol beverage license suspended or revoked?     Yes     No
- 20c. Number of bartenders? \_\_\_\_\_    Number of other employees serving alcoholic beverages? \_\_\_\_\_

## CENTURY SURETY GROUP

20d. Does this establishment have an alcohol awareness training program for the prevention of alcohol abuse?

Yes  No

If yes, complete the following:

1. Are all servers trained within sixty (60) days of employment?

Yes      No  
     

2. Do you provide written policies and procedures to employees regarding minimum service to minors and intoxicated persons?

    

3. Name of awareness program: \_\_\_\_\_

4. Do you provide free rides home to intoxicated patrons?

    

If yes, explain: \_\_\_\_\_

21. Prior Insurance/Loss History:

Show liquor liability insurer(s) for past three (3) years:

Year	Insurance Company	Limits	Policy Number

Have you had any liquor liability claims (insured or uninsured) in the past three (3) years?

Yes  No

If yes, list them below:

Year	Description of Loss	Amount Paid or Reserved

22. Show insurer, policy term and limits for general liability coverage (limits must equal or be greater than the liquor liability limits) \_\_\_\_\_

23. Was your last liability coverage on a claims made coverage form?  Yes  No Is this application for claims made form?  Yes  No If yes, is Prior Acts Coverage desired?  Yes  No If yes, attach a copy of current declarations page showing retroactive date.

24. Do you have knowledge of any injury or accident which might have been caused by the serving of alcoholic beverages from your establishment which occurred after the requested effective date and prior to the completion of this application?  Yes  No If yes, explain in detail including name of injured party and date of incident: \_\_\_\_\_

Requested limits (in thousands)  100/100  100/300  300/300  500/500  Other \_\_\_\_\_  
 Requested \*Deductible  \$500  \$1,000  \$2,500  \$5,000

\*Deductible applies per claim including defense expense for claims.

Requested policy term: \_\_\_\_\_ to \_\_\_\_\_ Contact Person: \_\_\_\_\_ Telephone # \_\_\_\_\_

**The Claims Made Liquor Liability form only provides coverage for "injury" which occurs after the retroactive date (and which you had no knowledge of prior to the effective date of this policy) shown in the policy (see #23 of this application) and reported (in writing) to the insurance company during the coverage period of this policy and I fully understand this limitation.**

**I declare that the above statements and particulars are true and that no fact have been suppressed or misstated and that this application form is recognized to be the basis of any policy of insurance which may be issued by the Company. The completion of this application does not bind the company to sell, and the misstatements of facts may void your coverage.**

**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.**

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_