



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 _____