

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
LPG (liquid petroleum gas) tank filling
By Employee or Customer? _____

- LPG (liquid petroleum gas) tank swapping?
Are there protective barriers around the tanks?

b. Any auto repair or service operation? Yes No

c. Any car wash operation on the premises? Yes No

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? Yes No

e. Will store cash checks for a fee? Yes No

f. Any video rental operation on the premises? Yes No

- 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)	_____	_____	_____	Excluded per form
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 ALL 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. Automatic 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: _____

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.): _____

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 _____

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

- 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? _____

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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: _____