



# Convenience, Delicatessen and Grocery Store Product Application – All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

Applicant's Name: \_\_\_\_\_

Location Address: \_\_\_\_\_  Same as mailing address.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Operations:

What year did the business start? \_\_\_\_\_ How many months per year do they operate? \_\_\_\_\_

Do you own the Building?  Yes  No (If No, skip Building Owner Questions under both the Property & Liability Sections below)

How many years has the applicant been at the current location? \_\_\_\_\_

### Property Section

Construction:  Frame  Joisted Masonry  Non-Combustible  Masonry Non-Combustible  
 Modified Fire-Resistive  Fire-Resistive  Other \_\_\_\_\_

Protection Class: \_\_\_\_\_

Requested Cause of Loss:  Basic  Special

Requested Valuation:  Replacement Cost  Actual Cash Value

Deductible:  \$1,000  \$2,500  \$5,000

Coinsurance:  80%  90%  100%

Business Personal Property Limit \$ \_\_\_\_\_

Business Income & Extra Expense Limit \$ \_\_\_\_\_

Is there commercial cooking on the premises?  Yes  No

Is there deep fat fryer on the premises?  Yes  No

What type of cooking extinguishing system is functioning and operational?  Wet Chemical  Dry  None

### Building Owner

Building Limit \$ \_\_\_\_\_

What year was the building constructed? \_\_\_\_\_

What is the square footage of the entire structure? \_\_\_\_\_ sq. ft.

Is the building fully protected by an operational sprinkler system covering 100% of the premises?  Yes  No

### General Liability Section

Limit:  \$100,000/\$200,000  \$300,000/\$600,000  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000

Exposure Basis: Grocery Food Sales \$ \_\_\_\_\_ (includes "other sales" such as bait, lottery & amusement receipts)

Prepared Food Sales \$ \_\_\_\_\_ (on premises) \$ \_\_\_\_\_ (off premises)

Liquor Sales \$ \_\_\_\_\_ (on premises) \$ \_\_\_\_\_ (off premises)

Gaming Machines \$ \_\_\_\_\_

Gallons of Gas Pumped \_\_\_\_\_ (annually)

# Full-time Employees \_\_\_\_\_ # Part-time Employees \_\_\_\_\_ (<30 hrs/week)

Type of gasoline pump service:  Full service only  Self service only  Both full and self service

No automatic car wash operation (self-service car wash is acceptable)  True  False

No distribution, sale or filling of Liquefied Petroleum Gas (a.k.a. LPG, Propane)  True  False

(Tank exchanges that are not filled on premises are acceptable)

No locations with more than 5,000 square feet  True  False

### Building Owner

Is any portion of the building leased to commercial tenants?  Yes  No If Yes, applicable sq. ft. \_\_\_\_\_

Does the applicant lease any apartments at this location?  Yes  No If Yes, Number of Units \_\_\_\_\_  
applicable sq. ft. of Apts. \_\_\_\_\_

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II. LOSS INFORMATION FOR THE PAST 3 YEARS**

Liability Coverages  None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

Property Coverages  None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

**III. ADDITIONAL PROPERTY INFORMATION**

If you own the building and it is older than 10 years old, please complete the following:

Age of roof \_\_\_\_\_ yrs.

Roof Type:  Flat  Wood Shake  Shingle  Metal  Tile  Slate  Other \_\_\_\_\_

Plumbing Type:  PVC  Copper  Lead  Galvanized  Other \_\_\_\_\_

What type of burglar alarm is on the premises?  Central Station  Local  None

How many years has the applicant been at the current location? \_\_\_\_\_

**IV. ELIGIBILITY CRITERIA**

1. No bankruptcies, tax or credit liens against the applicant in the last 5 years  True  False

2. Coverage has not been cancelled or non-renewed in the last 3 years (not applicable in Missouri)  True  False

If False, advise reason \_\_\_\_\_

**Property**

1. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers  True  False

2. For any building built prior to 1978, there is no aluminum wiring or knob & tube wiring  True  False

3. No sale of fireworks on the premises  True  False

4. Functioning and operational smoke and/or heat detectors in all units and/or occupancies  True  False

5. All cooking equipment is covered by a functioning and operational automatic fire extinguishing system that is National Fire Protection Association standard 96 compliant  N/A  True  False

6. All cooking equipment has an in-force cleaning contract  True  False

7. Functioning and operational fire extinguishers readily available  True  False

8. Business does not operate on a seasonal basis  True  False

**General Liability**

1. Applicant has not, is not and will not act as a Franchisor (Grantor of a Franchise)  True  False

2. No auto repair operations  True  False

**V. ADDITIONAL APPLICANT INFORMATION**

Form of Business:  Individual  Corporation  Partnership  LLC  Other

Applicant's Mailing Address: \_\_\_\_\_ (if different than the location address above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address of primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection Contact Name: \_\_\_\_\_ Telephone/Email Address: \_\_\_\_\_

Audit Contact Name: \_\_\_\_\_ Telephone/Email Address: \_\_\_\_\_

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia Fraud Statement: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine and Washington Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio Fraud Statement:** 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.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee and Virginia Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: \_\_\_\_\_ License #: \_\_\_\_\_

Main Agency Phone Number: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_