

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? _____

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

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 4,000 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

- No bankruptcies, tax or credit liens against the applicant in the last 5 years True False
- Coverage has not been cancelled or non-renewed in the last 3 years (not applicable in Missouri) True False
If False, advise reason _____

Property

- For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers True False
- For any building built prior to 1978, there is no aluminum wiring or knob & tube wiring True False
- No sale of fireworks on the premises True False
- Functioning and operational smoke and/or heat detectors in all units and/or occupancies True False
- 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
- All cooking equipment has an in-force cleaning contract True False
- Functioning and operational fire extinguishers readily available True False
- Business does not operate on a seasonal basis True False

General Liability

- Applicant has not, is not and will not act as a Franchisor (Grantor of a Franchise) True False
- No auto repair operations True False

Liquor Liability (complete if coverage is desired)

- Does the applicant have a valid liquor license? Yes No
- Is any alcohol consumed on the premises? Yes No
If Yes: On-Premises: \$ _____ Off-Premises: \$ _____
- Does applicant ever sell or serve alcohol away from the premises? Yes No
If Off-Premises coverage is desired, attach a completed Catering Plus Supplemental Liquor Liability Application, form CP-APP, to this submission.
- Are employees or other persons permitted to consume alcohol during their hours of employment or service? Yes No
- What time does the sale of alcohol cease? _____
For MN risks only: Does applicant have a special license to stay open past 1:00 a.m.? Yes No
- Does the establishment attract a predominantly youthful or college crowd ranging from 21-25 years of age? Yes No
- Are all alcohol-serving employees certified in a Formal Alcohol Training Course not mandated by the state? Yes No
If Yes, provide the name of the course: _____
To be considered for a credit on your quote, please attach copies of the certificates to this application. (Note: the course must be one approved by Company.)
- Does the applicant have any knowledge of any fines or citations for violation of law or ordinance related to illegal activities or the sale of alcohol at this location within the past five years? Yes No
If Yes, provide the following information on each fine or citation:
Date(s): _____
Description(s): _____
Measures in place to prevent future violations: _____
- Has the applicant had any reported liquor liability and/or assault and battery claims or the notification of potential liquor liability and/or assault and battery claims within the past five years? Yes No
If Yes, provide details in Section II above
Total incurred losses (reserves and payments): _____ Status (open or closed): _____
Measures in place to prevent future incidents: _____

Ohio, Pennsylvania and Texas risks only:

- Does the establishment have and utilize an identification scanner device to verify age of patron? Yes No

V. ADDITIONAL APPLICANT INFORMATION

Form of Business: Individual Corporation Partnership LLC Other

What year did the business start? _____

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: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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: _____