

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 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Firearms and/or ammunition | <input type="checkbox"/> | <input type="checkbox"/> | |
| Gasoline, Diesel, or Kerosene Fuel | <input type="checkbox"/> | <input type="checkbox"/> | Number of pumps _____ |
| LPG (liquid petroleum gas) tank filling | <input type="checkbox"/> | <input type="checkbox"/> | |
| By Employee or Customer? _____ | | | |
| LPG (liquid petroleum gas) tank swapping? | <input type="checkbox"/> | <input type="checkbox"/> | Number of tanks _____ |
| Are there protective barriers around the tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| b. Any auto repair or service operation? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Any car wash operation on the premises? | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Attached or <input type="checkbox"/> Detached? | | | Area (sq. ft.) of car wash _____ |
| <input type="checkbox"/> Fully Automated or <input type="checkbox"/> Self – Service | | | Number of bays _____ |
| d. Are alcoholic beverages consumed on the premises? | <input type="checkbox"/> | <input type="checkbox"/> | |
| e. Will store cash checks for a fee? | <input type="checkbox"/> | <input type="checkbox"/> | |
| f. Any video rental operation on the premises? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

