## **CENTURY SURETY COMPANY**

## Convenience Store (with or without Gasoline Sales) Supplemental Questionnaire (Complete in addition to Acord Application)

Nu	GENERAL INFORMATION:									
	ımber of years in this type of business:		Number of years in operation at this location:  Number of days the business is open per week:							
	siness Hours to									
a. I	Does the store sell the following items?		7	l'es	No					
F	Fireworks					Gallons of gas sold per year  Number of pumps				
F	Firearms and/or ammunition									
(	Gasoline, Diesel, or Kerosene Fuel									
Ι	LPG (liquid petroleum gas) tank filing									
	By Employee or Customer?					Number of tanks				
Ι	LPG (liquid petroleum gas) tank swapping?									
	Are there protective barriers around the tan	ks?								
b	Any auto repair or service operation?		[							
c	Any car wash operation on the premises?					Area (sq. ft.) of car wash Number of bays				
	☐ Attached or ☐ Detached?									
	☐ Fully Automated or ☐ Self – Service	e								
d.	Are alcoholic beverages consumed on the pres	mises?	[							
e. '	Will store cash checks for a fee?		[							
f. 1	Any video rental operation on the premises?		[							
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)									
h.	Area leased to others Describe type  Are there any security guards on the premises  If yes, number of unarmed arms.	oe of operati	Supplestion	ment C	SL 7021	)				
i. I j. I	Are there any security guards on the premises  If yes, number of unarmed arme Is the entire premises well lit at night?  Yes  Does the insured have security cameras inside Has the insured ever had an assault and/or bat	oe of operations of the control of t	Suppler On No  the premises Yes	s?  No	Yes	No				
i. I j. I	Are there any security guards on the premises  If yes, number of unarmed arme Is the entire premises well lit at night?  Yes  Does the insured have security cameras inside	oe of operations of the control of t	Suppler On No  the premises Yes	s?  No	Yes	No				
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i. I j. I k FIL a. b. c. d. e. f.	Are there any security guards on the premises If yes, number of unarmed arme Is the entire premises well lit at night? ☐ Yes Does the insured have security cameras inside Has the insured ever had an assault and/or bat ii. If yes, please furnish full details:	ee of operate  Yes  Mo No and outside tery claim?  THE PAST   \$ \$ \$ \$ \$ \$ \$ \$ \$_	Suppler Suppler No No the premises Yes	s?  No	Yes   ESTED E  g.	No BELOW:  Lottery Sales \$				
i. I j. I k FIA a. b. c. d. e. f.	Are there any security guards on the premises If yes, number of unarmed arme Is the entire premises well lit at night? ☐ Yes Does the insured have security cameras inside Has the insured ever had an assault and/or bat ii. If yes, please furnish full details:   **LL IN FINANCIAL INFORMATION FOR Fiscal Date (month & year)  Liquor Sales   Food Sales (grocery and dairy)  Tobacco Sales  Fuel Sales  Gross Annual Income and Sales  **ROPERTY COVERAGE INFORMATION Are there protective barriers/poles around the same arms.	ee of operations of the property of the proper	Suppler Supple Suppler Suppler Suppler Suppler Suppler Suppler Suppler Suppler	s?	Yes	No BELOW:  Lottery Sales \$				
i. I j. I k FIA a. b. c. d. e. f. PR a.	Are there any security guards on the premises If yes, number of unarmed arme Is the entire premises well lit at night? ☐ Yes Does the insured have security cameras inside Has the insured ever had an assault and/or bat ii. If yes, please furnish full details:	ee of operations of the property of the proper	Suppler Supple Suppler Suppler Suppler Suppler Suppler Suppler Suppler Suppler	s?	Yes	No BELOW:  Lottery Sales \$				
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i. I j. I k  FILE a. b. c. d. e. f. PR a. b.	Are there any security guards on the premises If yes, number of unarmed arme Is the entire premises well lit at night?	ee of operations of the property of the proper	Suppler ion No No No Yes Yes YEAR AS R	s?	Yes  Yes  GESTED E  GO NA Chin the p	No BELOW:  Lottery Sales \$				

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		Smoke alarm \( \square \text{Yes} \)	□ No				
	d.	Type of wiring:	Copper   Alumin	um			
	e.	Any wood-burning dev	ices on the premises?	Yes :	No		
	f.	Type of roof:					
		Roofing Material(s)	)	Any wood shir	ngles? 🗌 Yes 🔲 No	)	
	g.	Values: Our policy doe	es not provide Blanket	coverage. Show NA	<u>\ if not applicable.</u>		
			Building # 1	Building # 2	Building # 3	Conte	ents (excluding EDP)
		C-Store Building			. <u> </u>		
		Warehouse Building					
		Freestanding Kiosk Car Wash Building					
		Fuel Pumps (no tanks)			. <u> </u>	Exclu	ded per form
		Detached Canopy				$\underline{\mathbf{N}}\underline{\mathbf{A}}$	
		Detached Sign				<u>NA</u>	
		Detached Awning				$\underline{\mathbf{N}}\underline{\mathbf{A}}$	
6.	CO	OOKING HAZARD QUI	ESTIONNAIRE			Yes	No
	a.	Is any type of cooking of	done on premises?				
		Type of cooking:					
		☐ Microwave ☐ Pizz	za Oven 🔲 Grill 🔲	Fryer Deli			
		Fast Food Restaurar	nt (Also answer questi	ons on the Restaura	nt Supplement CSL 70	03)	
	b.	UL approved auto extin	nguishing system over	ALL cooking surface	es and deep fryers?		
		Type of system:	Wet Chemical (UL 30	00 Approved) 🔲 1	Ory Chemical		
	c.	Semi-annual service cor	ntract for auto extingu	ishing system?			
	d.	Automatic gas or electr		g with manual pull?			
	e.	Are hoods and ducts eq	<del>-</del>				
	f.	Are filters cleaned at a M					
	g.	Are hoods and ducts ele					
	h.	Are portable fire exting		accessible to cooking	g areas?		
7.	GE	ENERAL LIABILITY I					
	a.	Area of Parking Lot:					
		Is applicant responsible					
	b.	Surface of parking lot:					
	c.	Number of Exits:					
	d.	Are all exits equipped w			Yes No		
		If "No", are all exits kep	_	siness nours?	☐ Yes ☐ No		
	e.	Any weapons or firearm	*	ō	Yes No		
If car		Have there been any heal	•		Yes No		. host most monographic limited to
the fo		ng:	`	•	omnai policy exclusions	s) including	, but not necessarily limited to
	a.	Assault and Battery		luor Liability			
The A		cant, Agent or Broker rep	presents that the abov	e statements and fa	acts are true and that r	io material	facts have been suppressed of
Comp	letio	n of this form does not bi	nd coverage or comm	it the company to po	olicy issuance.		
		on who, with intent to detaining a false or decepti				ısurer, sub	mits an application or files
Appli	cant:				Producer:		
Signa	ture:_						
D :					One description (C)		
Date:					Producers Signature:		

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