

**Ashland General Agency, Inc.**  
**CONVENIENCE STORE / GROCERY STORE SUPPLEMENTAL**  
**(With or Without Gas Sales )**

(Complete in addition to the **Acord** General Liability Application)  
 (Answer **ALL** questions - if they do not apply, indicate not applicable)

NAME (include dba / Inc. / LLC) : \_\_\_\_\_

1. Location: \_\_\_\_\_

2. Number of years in this type of business: \_\_\_\_\_ Number of years at this location: \_\_\_\_\_  
 Business Hours: \_\_\_\_\_ to \_\_\_\_\_ Number of days the business is open per week: \_\_\_\_\_

3. **Financial Information:** Fiscal year ( month & year): \_\_\_\_\_

a. Alcohol Sales (Beer, Wine, Liquor).....\$	_____	
b. Grocery Sales.....\$	_____	
c. Tobacco Sales.....\$	_____	
d. Restaurant Food Sales (Deli, cooked food, etc...).....\$	_____	
e. Other (bait, tackle, ammunition, rentals, etc.) .....\$	_____	Describe: _____
f. Fuel Sales.....\$	_____	
g. Gross Annual Income & Sales:.....\$	_____	

4. **General Information:**

a. Does the store sell the following information:

Fireworks.....	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Firearms and/or ammunition.....	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Gasoline, Diesel, or Kerosene Fuel.....	<input type="checkbox"/> yes	<input type="checkbox"/> no	If yes, number of pumps: _____
Are there protective barriers around the fuel pumps?.....	<input type="checkbox"/> yes	<input type="checkbox"/> no	
LPG (liquid petroleum gas) tank filling.....	<input type="checkbox"/> yes	<input type="checkbox"/> no	If yes, by employee or customer? _____
LPG (liquid petroleum gas) tank swapping.....	<input type="checkbox"/> yes	<input type="checkbox"/> no	If yes, number of tanks: _____
Are there protective barriers around the LPG tanks?.....	<input type="checkbox"/> yes	<input type="checkbox"/> no	

b. Any auto repair or service operation?.....  yes  no

c. Any car wash operation on the premises?.....  yes  no

<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?.....  yes  no

e. Will the 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 / Grocery Store: _____	Storage Area: _____	Attached Car Wash Area: _____
Area of deli, snack bar or restaurant: _____	(Restaurant / Kitchen section <b>MUST</b> be completed)	
Area of Apartment unit(s): _____	Number of units: _____	
Area leased to others: _____	Describe type of operation: _____	

h. Are there any security guards on the premises?.....  yes  no If yes, # of unarmed: \_\_\_\_\_ armed: \_\_\_\_\_

i. Fire Extinguishers?.....  yes  no How Many? \_\_\_\_\_

    Serviced & Tagged within the past year?.....  yes  no

j. Does the cashier have a panic button direct to the police or alarm company?.....  yes  no

k. Is there a surveillance camera on the premises?.....  yes  no

5. **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 exits 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

# CONVENIENCE STORE / GROCERY STORE SUPPLEMENTAL

Continued

**6. Restaurant / Kitchen Section:** Complete this section if there is any type of food prepared at the convenience / grocery store.

- a. Type of cooking:  Microwave  Pizza Oven  Grill  Fryer  Deli  Fast Food Restaurant  
 Other (describe): \_\_\_\_\_
- b. UL approved auto extinguishing system over **ALL** cooking surfaces and deep fryers?..... yes  no  
 Type of system:  Wet Chemical (UL 300 Approved)  Dry Chemical
- c. Semi-annual service contract for auto extinguishing system?..... yes  no
- d. **Automatic** gas or electric shut off for cooking with manual pull?..... yes  no
- e. Are hoods and ducts equipped with filters?..... yes  no
- f. Are filters cleaned at a MINIMUM of every six months?..... yes  no
- g. Are hoods and ducts cleaned at a MINIMUM of every six months?..... yes  no
- h. Are portable fire extinguishers mounted and accessible to cooking areas?..... yes  no
- i. Is there seating?..... yes  no
- j. Is it carry out only?..... yes  no

**7. Property Section:** Complete this section if property coverage is desired.

- a. Alarm and Security systems
  - 1) Burglary alarm..... yes  no  
 If yes,  Central Station  Local Gong UL Cert No. \_\_\_\_\_  
 Does it include Interior Motion Detection Devices that protect the **entire** building..... yes  no
  - 2) Does the cashier have a panic button direct to the police or alarm company?..... yes  no
  - 3) Is there a surveillance camera on the premises?..... yes  no
  - 4) Fire alarm..... yes  no  
 If yes,  Central Station  Local Gong UL Cert No. \_\_\_\_\_
  - 5) Smoke alarm..... yes  no
  - 6) Sprinkler..... yes  no  
 If yes, percentage (%) of square footage covered by the sprinkler? \_\_\_\_\_
- b. Type of wiring:  Copper  Aluminum  Pigtailed
- c. Any wood-burning devices on the premises?..... yes  no
- d. Type of roof:  Wood Shake / Shingle  Comp  Asphalt Is roof :  Flat  Pitched
- e. 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	_____	_____	_____	N/A
Detached Sign	_____	_____	_____	N/A
Detached Awning	_____	_____	_____	N/A

- f. Distance from nearest: Responding Fire Station \_\_\_\_\_ miles Fire Hydrant \_\_\_\_\_ feet
- g. Year built: \_\_\_\_\_ Number of stories \_\_\_\_\_ Construction:  Frame  Other: \_\_\_\_\_
- h. Total square footage \_\_\_\_\_ Square footage occupied by applicant: \_\_\_\_\_
- i. Fire Extinguishers:  yes  no How many? \_\_\_\_\_
- j. Last date for update of the following (show NA if not updated):

Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Electrical system: \_\_\_\_\_ HVAC: \_\_\_\_\_

This supplemental application does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. 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's Signature                      Print Signee                      Date                      Producer's Signature