



## BOP Convenience Store/Gas Station Supplemental Application

### ALL QUESTIONS MUST BE ANSWERED

Effective Date: \_\_\_\_\_

#### GENERAL INFORMATION

Named Insured \_\_\_\_\_ DBA \_\_\_\_\_

Years in business? \_\_\_\_\_ Years with same management? \_\_\_\_\_

If someone, other than you, will be managing the business, what prior experience have they had in this type of operation?

Are there any habitational units on your premises? ☐ Yes ☐ No

Are any buildings vacant? ☐ Yes ☐ No

#### REVENUE

	Location 1	Location 2	Location 3
Retail Sales	\$	\$	\$
Gasoline	gallons	gallons	gallons
Food/Restaurant	\$	\$	\$
Liquor	\$	\$	\$
LPG	\$	\$	\$
Car Wash	\$	\$	\$
Auto Accessories Sales	\$	\$	\$
Other	\$	\$	\$
<b>Total Gross Revenue (these exposures are auditable)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Total Employees	FT/ PT/	FT/ PT/	FT/ PT/

#### SECURITY INFORMATION

Is the property protected by a Central Station Alarm? ☐ Yes ☐ No If yes, manufacturer and type \_\_\_\_\_

Are there working video cameras located in the store? ☐ Yes ☐ No

Are there working video cameras located in the parking lot? ☐ Yes ☐ No

Does the parking light have dusk to dawn lights? ☐ Yes ☐ No

Does the insured employ security guards? ☐ Yes ☐ No

If yes, are the guards armed? ☐ Yes ☐ No

Does the insured hire a security service? ☐ Yes ☐ No

If yes, name of carrier, limits and effective dates \_\_\_\_\_

Is the insured named as an additional insured? ☐ Yes ☐ No

Is there a hold harmless agreement in favor of the insured? ☐ Yes ☐ No

Have any crimes against third parties been committed on the premises during the last three years? ☐ Yes ☐ No

If yes, describe \_\_\_\_\_

Have any crimes against you been committed on the premises during the last three years? ☐ Yes ☐ No

If yes, describe \_\_\_\_\_

Does the insured obtain certificates of insurance from all vendors/tenants naming the insured as an additional insured? ☐ Yes ☐ No

Are there hold harmless agreements in favor of the insured with all vendors/tenants? ☐ Yes ☐ No

Are there any firearms on premises? ☐ Yes ☐ No

If yes, are they owned by the insured? ☐ Yes ☐ No

If no, describe hold harmless agreement with the owner \_\_\_\_\_

Are NO LOITERING signs posted? ☐ Yes ☐ No

#### Retail Risks only

Minimum number of cashiers/attendants on duty at one time? \_\_\_\_\_

Do customers have access to inside the store if only one attendant is on duty? ☐ Yes ☐ No

Does the cashier/attendant have a panic button to alert police on duty? ☐ Yes ☐ No

#### SAFETY INFORMATION

Do you have a documented safety program? ☐ Yes ☐ No

Do you have a documented housekeeping program? ☐ Yes ☐ No

If food is prepared and sold, is there documentation in place for the proper handling and storing? ☐ Yes ☐ No

Age of building? \_\_\_\_\_

## RETAIL SERVICES

Operating hours \_\_\_\_\_ to \_\_\_\_\_ Number of days per week \_\_\_\_\_

Are any of the following operations conducted by the insured on insured premises?

- |                                    |  |   |   |
|------------------------------------|--|---|---|
| <input type="checkbox"/> ATM       | <input type="checkbox"/> Cooking or Frying | <input type="checkbox"/> Lottery Machines | <input type="checkbox"/> Lottery Sales-Over the Counter |
| <input type="checkbox"/> LPG Sales | <input type="checkbox"/> LPG Tank Filling  | <input type="checkbox"/> LPG Tank Swap    | <input type="checkbox"/> LPG Filled by Customer         |
| <input type="checkbox"/> Toy Sales | <input type="checkbox"/> Liquor Sales      | <input type="checkbox"/> Fireworks Sales  | <input type="checkbox"/> Ammunition Sales               |

Any weapons or sporting goods sold on the premises? ☐ Yes ☐ No If so what? \_\_\_\_\_

List the percentage of LPG tank filling to total gross revenue \_\_\_\_\_ %

Are LPG tanks protected? ☐ Yes ☐ No

If so, how? \_\_\_\_\_

Are gasoline pumps protected? ☐ Yes ☐ No

If so, how? \_\_\_\_\_

Are there any products packaged in the insured's name? ☐ Yes ☐ No

## LESSOR'S RISK

Commercial Buildings - Leased to Others (describe) \_\_\_\_\_

Square Footage - Building \_\_\_\_\_ sf Square Footage - Parking \_\_\_\_\_ sf Annual Receipts \$ \_\_\_\_\_

## RESTAURANT/FOOD SERVICE

Name of owner/lessee if other than the insured \_\_\_\_\_ Years of experience \_\_\_\_\_

Please indicate which of the following apply and the number of each:

Ranges \_\_\_\_\_ Ovens \_\_\_\_\_ Deep Fryers \_\_\_\_\_ Grills \_\_\_\_\_ Broilers \_\_\_\_\_ Griddles \_\_\_\_\_  
Microwaves \_\_\_\_\_ Pizza Ovens \_\_\_\_\_ Deli \_\_\_\_\_ Salad Bar \_\_\_\_\_ Other \_\_\_\_\_

Are deep fryers controlled by a 475 degree high-limit thermostat? ☐ Yes ☐ No

Is the distance between other cooking surfaces and the deep fryer a minimum of 16 inches? ☐ Yes ☐ No

Are all combustible walls greater than 18 inches from the nearest cooking unit? ☐ Yes ☐ No

Are all cooking units covered by hoods and vents? ☐ Yes ☐ No

Do ventilation control and fire protection systems conform to National Fire Protection Assoc. (96) guidelines? ☐ Yes ☐ No

How often is the extinguishing system serviced? \_\_\_\_\_ By whom? \_\_\_\_\_

How often is the hood and duct system cleaned? \_\_\_\_\_ By whom? \_\_\_\_\_

Is an automatic fuel shut-off provided? ☐ Yes ☐ No

Are proper portable fire extinguishers provided in the kitchen? ☐ Yes ☐ No

## LIQUOR LIABILITY

Do you sell liquor? ☐ Yes ☐ No

Type of Operation Receipts

Take out liquor sales

\$ \_\_\_\_\_

☐ Restaurant/Snack Bar

\$ \_\_\_\_\_

On premises serving

\$ \_\_\_\_\_

☐ Bar or Lounge

\$ \_\_\_\_\_

☐ Other (explain) \_\_\_\_\_

\$ \_\_\_\_\_

Describe training provided for those who serve or sell alcohol: \_\_\_\_\_

Are signs displayed stating the minimum age to purchase liquor or alcohol is 21 years of age or as per State law? ☐ Yes ☐ No

Is ID checked where liquor/alcohol purchased by individuals who look under the age of 30? ☐ Yes ☐ No

## PLAYGROUND INFORMATION

Do playground surfaces (under/around playground equipment) contain a minimum of 12 inches of wood chips, mulch, sand, pea gravel or safety-tested rubber mats/tiles? ☐ Yes ☐ No

Are all spaces/openings in guardrails or between ladder rungs, less than 3.5 inches apart or more than 9 inches apart? ☐ Yes ☐ No

Are all elevated surfaces, like platforms and ramps, supplied with guardrails to prevent falls? ☐ Yes ☐ No

Is the playground area and equipment scheduled for weekly inspection and maintenance? ☐ Yes ☐ No

**OTHER SERVICES OR ACTIVITIES** - If you provide any other service or activity (i.e. arcade, laundromat, cell tower) not previously mentioned, please furnish complete details and receipts. \_\_\_\_\_

**LIMITS OF INSURANCE**

Please select the desired limits of insurance coverage:

**Liability Limit**

- ☐ \$500,000 occurrence/\$500,000 aggregate    ☐ \$500,000 occurrence/\$1,000,000 aggregate  
☐ \$1,000,000 occurrence/\$1,000,000 aggregate    ☐ \$1,000,000 occurrence/\$2,000,000 aggregate

**Liquor Liability Limit:** \$ \_\_\_\_\_ **Garage Keepers Limit:** \$ \_\_\_\_\_

APPLICANT WARRANTS THAT ALL FEDERAL AND STATE REQUIREMENTS CONCERNING FINANCIAL RESPONSIBILITY IN SUBTITLE 1 OF THE RESOURCE CONSERVATION AND RECOVERY ACT HAVE BEEN MET UNDER SEPARATE ARRANGEMENTS.

Applicant acknowledges that the insurance policy they are applying for will not provide coverage to the Applicant for any statutory or regulatory requirements, or any actual or alleged legal liability, resulting in whole or part from Pollutants.

In the event the Applicant elects to purchase the quoted insurance please refer to the Pollution Exclusion within the policy for clarification.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**Applicant Signature:** \_\_\_\_\_