



# Convenience, Delicatessen and Grocery Stores Product

## CONVENIENCE, DELICATESSEN AND GROCERY STORES WARRANTY APPLICATION

To receive a quote, please complete the General Information Section as well as the coverage section you would like us to consider: General Liability, Liquor Liability, Property or any combination.

### SECTION 1 GENERAL INFORMATION

- If our renewal, please provide the expiring policy number: \_\_\_\_\_
- Name of applicant: \_\_\_\_\_
- Mailing address: \_\_\_\_\_
- Location address: \_\_\_\_\_
- Inspection contact: \_\_\_\_\_ Phone number: \_\_\_\_\_
- Web address: \_\_\_\_\_ Email address: \_\_\_\_\_

7. Applicant is:  Sole proprietorship  Partnership  Corporation  Other (describe) \_\_\_\_\_

8. Have any of the requested coverages been cancelled or non-renewed in the last 5 years?  Yes  No

If "yes," explain: \_\_\_\_\_

9. Within the past 5 years has the applicant had any losses?  Yes  No

If "yes," please complete below.

Type of coverage	Date of loss	Incurred amount (\$)	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Business of applicant:  Convenience store  Deli  Grocery  Other (describe) \_\_\_\_\_

11. How long has the current owner been in business at this location? \_\_\_\_\_

12. Hours of operation: \_\_\_\_\_

13. Total sq. ft. of building: \_\_\_\_\_ Number of stories: \_\_\_\_\_ Applicant occupied sq. ft.: \_\_\_\_\_

14. Lessors risk only sq. ft.: \_\_\_\_\_ List tenant occupancy: \_\_\_\_\_

Apartment sq. ft.: \_\_\_\_\_ Number of apartments: \_\_\_\_\_

15. Has the applicant or any principal with controlling interest filed for bankruptcy within the past 5 years?  Yes\*  No

\*If "yes," provide the date of the bankruptcy filing: \_\_\_\_\_

16. Is all commercial cooking equipment properly covered by a functioning and operational automatic fire suppression system per the National Fire Protection Association's rule number 96?  No  Yes

17. Are fireworks sold in or within 20 feet of any building or structure on the designated premises?  Yes  No

18. All gas pumps are protected by a vehicle or barrier stop.  No  Yes

19. Are any propane tanks filled on the premises? (Tanks filled off-premises are acceptable)  Yes  No

20. Are there functioning and operational smoke/heat detectors in all units and/or occupancies?  No  Yes

	Prior 12 months	Next 12 months
Grocery food sales (excluding items listed below)	\$ _____	\$ _____
Prepared/cooked food sales (consumed on premises)	\$ _____	\$ _____
Lottery ticket sales	\$ _____	\$ _____
Alcohol sales on premises	\$ _____	\$ _____
Alcohol sales off premises/takeout	\$ _____	\$ _____
Gallons of gas sold	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
Total annual receipts:	\$ _____	\$ _____

**SECTION 2 GENERAL LIABILITY**

22. Limits desired

General Aggregate	\$	Personal and Advertising Injury	\$
Products & Completed Operations Aggregate	\$	Damage to Premises Rented to You	\$
Each Occurrence	\$	Medical Expense (any one person)	\$

23. **Hired and Non-Owned Auto Liability**  Check if coverage desired

**Note: If Hired/Non-Owned is checked, limit will equal general liability occurrence limit.**

- a. Does the applicant have a business or commercial auto policy in force?  Yes  No
- b. Does the applicant regularly deliver goods or products?  Yes  No
- c. Does the applicant require its employees to use their personal auto to conduct the applicant's business on a regular basis?  Yes  No

24. Are there any auto repair or car wash operations located on the above noted premises?  Yes  No

25. Is applicant open after 12 am without 2 or more employees on duty at all times, a central station hold-up alarm and adequate exterior lighting?  Yes  No

26. The applicant has not, is not and will not act as a franchisor?  No  Yes  
 (Grantor of a franchise is ineligible, a franchise is eligible)

**SECTION 3 LIQUOR LIABILITY**

27. Limits desired: Each Common Cause Limit: \$ \_\_\_\_\_ Aggregate Limit: \$ \_\_\_\_\_

28. Does applicant have a valid **liquor license** or permit, if required?  No  Yes

29. Is any alcohol consumed on the premises?  Yes\*  No

\* If "yes," On-Premises: \$ \_\_\_\_\_ Off-Premises: \$ \_\_\_\_\_

30. 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.

31. Are **employees or other persons permitted to consume alcohol during their hours of employment or service**?  Yes  No

32. What time does the **sale of alcohol** cease? \_\_\_\_\_  
 For MN risks only: Does applicant have a special license to stay open past 1:00 am?  Yes  No

33. 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.*

34. Does the applicant have 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: \_\_\_\_\_

35. 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 the following information on each claim:

Date(s): \_\_\_\_\_

Description(s): \_\_\_\_\_

Total incurred losses (reserves and payments): \_\_\_\_\_

Status: \_\_\_\_\_

Measures in place to prevent future incidents: \_\_\_\_\_

36. **Ohio, Pennsylvania and Texas risks only:**

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

37. Is applicant requesting liquor liability limits greater than the general liability limits carried?  Yes\*  No

\* As a condition of coverage, general liability limits must be maintained at limits equal to or greater than liquor liability limits.

38. List expiring liquor liability carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

**SECTION 4 PROPERTY COVERAGE**

39. Limits desired and Rating Information.

<b>Building Construction</b> <input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry NC <input type="checkbox"/> Fire Resistive	<b>Protection Class</b> _____	<b>Deductible</b> <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<b>Cause of Loss</b> <input type="checkbox"/> Basic/Named Perils <input type="checkbox"/> Special/excluding theft <input type="checkbox"/> Special (requires a Central Burglar Alarm)
<b>Building Limit:</b>	\$ _____	Coinsurance (80% minimum) _____%	<input type="checkbox"/> ACV <input type="checkbox"/> RC
<b>Improvements and Betterments Limit:</b>	\$ _____	Coinsurance (80% minimum) _____%	<input type="checkbox"/> ACV <input type="checkbox"/> RC
<b>Business Personal Property Limit</b>	\$ _____	Coinsurance (80% minimum) _____%	<input type="checkbox"/> ACV <input type="checkbox"/> RC
<b>Business Income Limit:</b>	\$ _____	<b>Coinsurance</b> or <b>Monthly Limit for Indemnity</b> <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% or <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense	
<input type="checkbox"/> Value Plus Endorsement			
<input type="checkbox"/> Employee Dishonesty	\$ _____	# of Employees _____	
<input type="checkbox"/> Money & Securities	\$ _____	Inside \$ _____	Outside (\$500 standard deductible)
<input type="checkbox"/> Burglary & Robbery	\$ _____	Inside \$ _____	Outside (\$500 standard deductible)
<input type="checkbox"/> Outdoor Signs	\$ _____		
<input type="checkbox"/> Equipment Breakdown (coverage requires a maintenance contract for all refrigeration units)			

40. Has the applicant had any prior tax liens or felony conviction?  Yes  No

41. Cooking Supplement - If no cooking, check here.

a. Is there a cleaning contract in force with an outside firm?  No  Yes

Frequency of cleaning: \_\_\_\_\_ Date last serviced: \_\_\_\_\_

b. Describe cooking equipment used:

Grills  Open flame  Oven  Deep fat fryers  
 Charcoal grill  Barbeque pit/smoker  Type or brand: \_\_\_\_\_ Distance from building: \_\_\_\_\_ ft.

c. Type of extinguishing system:  Wet  Dry

d. Is vegetable oil used in cooking?  Yes  No

42. Is the plumbing completely PVC or Copper (No Iron or Lead)?  No  Yes

43. Type of roof:  Flat  Pitched

44. Roof updated, yr: \_\_\_\_\_ Electrical updated, yr: \_\_\_\_\_ Plumbing updated, yr: \_\_\_\_\_ Heating updated, yr: \_\_\_\_\_

45. Is the property seasonal?  Yes  No

46. Age of building: \_\_\_\_\_

47. Are there vacancies in the building?  Yes  No

If "yes," what is the percentage? \_\_\_\_\_%

48. Is a functioning and operational central station burglar alarm with active monitoring/contract on premises?  No  Yes

Regarding the central station burglar alarm, are there:

Sound or motionsensitive devices  Surveillance cameras on all doors and delivery areas

49. Fire Protection: (Check all that apply)

Sprinklers  Central station fire alarm  
 Local fire alarm  Annually serviced fire extinguisher(s)

a. Are functioning and operational sprinklers covering 100% of the building?  No  Yes

b. Are annually serviced fire extinguishers on the premises?  No  Yes

50. If open 24 hours, is the premises equipped with surveillance cameras and a central station hold up alarm?  No  Yes

51. Is all electric on functioning and operational circuit breakers? No Yes
52. Does the electrical system have any aluminum or knob-and-tube wiring? Yes No
53. List expiring **Property** carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

## SECTION 5 HABITATIONAL EXPOSURE

If the applicant is the building owner and there are habitational units, please complete the following:

54. If the building is over 3 stories in height, is there a fire-protected stairwell or a functioning fire escape? No Yes
55. Are all locks "re-keyed" prior to leasing to new tenants? No Yes
56. Are any renovations ongoing or planned during the policy period? Yes No
57. Are any units operated as assisted living, group home or rooming/boarded house? Yes No
58. Is there any subsidized occupancy at any locations? No Yes
- If "yes," is the percentage of subsidized occupancy greater than 20% at any location? N/A No Yes\*

## SECTION 6 MORTGAGEES/ADDITIONAL INSURED/LOSS PAYEES

List name, address and insurable interest of each:

[Indicate applicable section:]

Name: \_\_\_\_\_ Property GL Liquor Umbrella

Address: \_\_\_\_\_

Insurable interest: \_\_\_\_\_

Name: \_\_\_\_\_ Property GL Liquor Umbrella

Address: \_\_\_\_\_

Insurable interest: \_\_\_\_\_

Name: \_\_\_\_\_ Property GL Liquor Umbrella

Address: \_\_\_\_\_

Insurable interest: \_\_\_\_\_

**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 is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Owner or Officer)

Broker's Signature \_\_\_\_\_

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker \_\_\_\_\_

Address: \_\_\_\_\_

Mail complete application through local Agent or Broker to: \_\_\_\_\_

\_\_\_\_\_