

Convenience Store Supplement

World Insurance Associates

Insured Name:

Mailing Address:

Location Address:

Phone Number:

Hours of Operation:

Website Address (Optional):

1. What are the annual receipts from the sale of convenience store items? \$
2. Does the prospect have a canopy that is included in the Building Limit? Yes No
If yes, what is the value of the canopy? \$
3. Are there gas pumps? Yes No
If yes, # of gas pumps:
4. Does the prospect fill or exchange propane tanks for the general public? Yes No
If yes: Please confirm vendor has a valid certificate of insurance, and lists the prospect as an additional insured:
5. Are full and empty tanks locked in a cage at all times except at exchange? Yes No
6. Are the tanks located outside the building? Yes No
7. Are the tanks kept separate and away from motor vehicles with barriers? Yes No
8. What are annual receipts for tank exchange? \$
9. Does cooking operations include grilling, enclosed broiling, deep fat frying, roasting, barbecuing, open broiling and solid fuel (ex. Mesquite, charcoal or hard wood) cooking? Yes No
10. Are they in full compliance with NFPA Standard #96 and UL #300 Standard? Yes No
11. Does the property have surveillance cameras? Yes No