



CONVENIENCE STORE SUPPLEMENT

Named Insured: _____

Location Address: _____

Hours of Operation: _____

Breakdown of Annual Receipts:

Grocery/Misc: \$ _____ Gasoline: \$ _____

LPG: \$ _____ Car Wash: \$ _____

Other: \$ _____ Describe: _____

If there are gasoline sales, please advise the following regarding Underground Storage Tanks:

Do all tanks meet EPA standards? _____ Yes _____ No # of Pumps _____

How old are the tanks? _____

Who owns the tanks? _____

If the insured does not own the tanks, is he held harmless by the owner? _____

Have there been any reported leakage problems? _____

Has the insured ever had any kind of pollution claim? _____

Is Environmental Impairment Coverage in place with respect to the tanks? _____

If yes, please provide a copy of the declarations page of the policy.

Are all gasoline pumps equipped with a kill switch? _____

Are there any dogs kept on premises?

Yes No

Are any firearms kept on premises?

Yes No

Any auto repair operations?

Yes No

Any auto sales operations?

Yes No

Any auto, truck or trailer rental operations?

Yes No

Does the insured refill any LPG tanks?

Yes No

Please provide full details of any "yes" responses:

Does the insured have a formal safety program in place with respect to maintenance and cleanliness of premises, inside and out?

Yes No

Are all gasoline pumps protected by concrete barriers?

Yes No

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365 Miron Drive, Suite D
Southlake, TX 76092
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Toll Free: 866/219-0427

AUM-SOUTH
1600 N.E. Loop 410, Suite 126
San Antonio, TX 78209
210/930-0070 * Fax 210/930-0074
Toll Free: 866/652-3324

Is there any cooking done on the premises? Yes No
If Yes, please completed the following:

Seating Capacity: _____ Total

Type of cooking devices: Gas Electric
Do you have a deep fat fryer? Yes No
Does it have an automatic fuel shut-off? Yes No
Is there a hood and duct system? Yes No
Does it have filters? Yes No

How often are the hood and duct systems cleaned? Every 3 months
 Every 6 months
 Other: _____

How often are the filters cleaned? Weekly Monthly

Is there an automatic extinguishing system? Yes No
Does the system cover all cooking surfaces including deep fat fryers? Yes No
Does the insured have a maintenance contract? Yes No
Are all trash receptacles checked at closing and emptied into covered metal containers? Yes No

Please indicate the number of fire extinguishers located in:
Cooking Area (BC Type): _____
Dining Area (ABC Type): _____
Date last serviced and recharged: _____

By signing this application, I am attesting to the accuracy of information provided in this application and any attached supplements. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy, is subject to immediate cancellation.

Applicant's Signature: _____

Title: _____ Date: _____