



Red Shield Insurance Company®

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CONVENIENCE STORE SUPPLEMENTAL QUESTIONNAIRE

APPLICANT'S NAME	POLICY NO.
LOCATION ADDRESS	

(NAME OF RISK TO WHICH THIS SECTION ATTACHES)

BUILDING INFORMATION [Required on all accounts]

DOES THE APPLICANT OWN THE BUILDING?
NUMBER OF YEARS AT CURRENT LOCATION UNDER CURRENT OWNERSHIP?
PRIOR RELATED EXPERIENCE OF APPLICANT
IS ANY PORTION OF THE BUILDING LEASED TO COMMERCIAL TENANTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE THE OPERATIONS

BUSINESS OPERATIONS [Required on all accounts]

DESCRIPTION
HOURS OF OPERATION? YEAR ROUND OPERATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE BUSINESS A FRANCHISE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE INDICATE THE INSURANCE REQUIREMENTS OF THE FRANCHISOR'S POLICY BELOW ADDITIONAL INSURED STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO WAIVER OF SUBROGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO PRIMARY AND NON-CONTRIBUTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER REQUIREMENTS? PLEASE DESCRIBE
ARE THERE GAS OPERATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT IS THE NAME OF THE INSURANCE CARRIER FOR THE UNDERGROUND STORAGE TANK POLICY? NAME POLICY NUMBER: WHAT ARE THE LIABILITY LIMITS? Eff Date: Exp Date:
DOES THE OPERATION INCLUDE A CAR WASH? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE THE OPERATIONS SELF SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE ANY AUTO REPAIR / SERVICING OPERATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE ANY FUEL HAULING OR WHOLESALING OPERATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE RETAIL STORE SPECIALIZE IN SELLING TOBACCO PRODUCTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE APPLICANT INVOLVED IN ANY OTHER TYPES OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE
IS SMOKING ALLOWED ON THE PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE CONTROL OF THE HAZARD AND METHOD OF DISPOSAL OF ASHTRAY CONTENTS

CRIME INFORMATION [Required on All Accounts]

ARE ALL EMPLOYEES TRAINED UPON HIRING AND THEN ANNUALLY ON CRIME PREVENTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THE TRAINING MATERIALS PROVIDED BY FORMAL INSTRUCTION AND INCLUDE SECURITY POLICIES, SAFETY AND SECURITY PROCEDURES AND PERSONAL SAFETY AND CRIME PREVENTION TECHNIQUES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO ALL EMPLOYEES SIGN A STATEMENT INDICATING THE DATE, TIME AND PLACE THEY RECEIVED CRIME TRAINING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, IS A RECORD KEPT OF THE EMPLOYEES SIGNED STATEMENTS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE VIDEO CAMERAS ON THE PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, HOW MANY? HOW LONG ARE THE VIDEO BACK-UP RECORDS KEPT?	
IS CASH KEPT IN A DROP SAFE OR LIMITED ACCESS SAFE ? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, LIST WHO HAS ACCESS TO THE SAFE:	
IS A NOTICE POSTED CLEARLY ON AN EXTERIOR WINDOW OR DOOR STATING: 'THERE IS A SAFE IN THE STORE, EMPLOYEES DO NOT HAVE ACCESS TO THE SAFE AND THE CASH REGISTER CONTAINS ONLY ENOUGH CASH TO DO BUSINESS'?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IS EXTERIOR LIGHTING PROVIDED IN THE EXTERIOR ENTRANCE AND PARKING LOT FOR ALL NIGHT HOURS THAT THE BUSINESS IS OPEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE STORE PROVIDE ANY CHECK CASHING SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, WHAT IS THE MAXIMUM AMOUNT ALLOWED FOR A CHECK TO BE CASHED?	
WHAT IS THE AMOUNT OF CASH KEPT ON THE PREMISES?	
ARE CHECK CASHING SERVICES DONE FROM THE CASH REGISTER OR FROM A SEPARATE BOOTH?	
IS THERE ARMORED CAR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHAT IS THE FREQUENCY OF PICK UPS?	

COOKING OPERATIONS [Only required if Cooking Operations]

IS THERE ANY COMMERCIAL COOKING ON THE PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>IF YES, COMPLETE THE SECTION BELOW</i>
MEETS UL 300 STANDARDS?	
DOES THE AUTOMATIC EXTINGUISHING SYSTEM PROTECT ALL:	
COOKING SURFACES <input type="checkbox"/> YES <input type="checkbox"/> NO	DEEP FAT FRYERS <input type="checkbox"/> YES <input type="checkbox"/> NO
DO ALL DEEP FAT FRYERS HAVE HIGH LIMIT SWITCHES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS A WET CHEMICAL FIRE SUPPRESSION SYSTEM USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THE EXTINGUISHING SYSTEM EQUIPPED WITH AN AUTOMATIC FUEL SHUTOFF AND EASILY ACCESSIBLE MANUAL RELEASE CONTROLS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THERE AN INSPECTION / MAINTENANCE AGREEMENT FOR THE SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CONTRACTOR	INSPECTION FREQUENCY
ARE THE HOODS, DUCTS, FILTERS, DEEP-FAT FRYERS AND FANS REGULARLY CLEANED BY THE INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

LIQUOR LIABILITY [Only Required if Selling Liquor]

DOES THE APPLICANT HAVE A LIQUOR LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT IS THE NAME ON THE LICENSE?
HAS A LIQUOR LICENSE EVER BEEN DENIED OR CANCELED? <input type="checkbox"/> YES <input type="checkbox"/> NO
WITHIN THE PAST 5 YEARS, HAS THE APPLICANT BEEN FINED OR CITED FOR ANY ALCOHOL-RELATION VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE
WITHIN THE PAST 5 YEARS, HAS THE APPLICANT HAD A LIQUOR LICENSE SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE APPLICANT REQUIRE THAT ALL PERSONS SELLING ALCOHOL BE CERTIFIED BY A FORMAL AWARENESS TRAINING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE APPLICANT FILL "GROWLERS" FOR CUSTOMERS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, IS ALCOHOL SERVED ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS

THIS FORM SHALL BE ATTACHED TO, AND MADE PART OF, THE FULLY COMPLETED ACORD APPLICATION BY THE APPLICANT.

APPLICABLE IN WA: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN OR: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATION THE LAW.

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage or commit the company to policy issuance.

APPLICANT'S SIGNATURE _____ DATE _____