



Convenience, Delicatessen, Grocery and Liquor Stores Product

CONVENIENCE, DELICATESSEN, GROCERY AND LIQUOR STORES APPLICATION

To receive a quote, please complete the General Information as well as the coverage section you would like us to consider. General Liability, Property, Liquor, Umbrella, or any combination. Don't forget to sign the application!



Submit to: **BLISS & GLENNON**
For submission directions, see last page.

SECTION I. GENERAL INFORMATION

- If our renewal, provide the expiring policy number: _____
 - Name: _____
 - D/B/A: _____ Phone Number: _____
 - Sole Proprietorship Partnership Corporation Other (describe) _____
 - Mailing Address: _____ Zip _____
 - Location Address: _____ Zip _____
 - Website (if any): _____ E-mail Address: _____
 - Additional Insured: _____ Interest: _____
 - Business of Applicant: Convenience Store Deli Grocery Store Liquor Store Other (describe) _____
 - Inspection Contact Name: _____ Phone Number: _____
 - How long has current owner been in business at this location? _____
 - Hours of operation: 24 hour or _____
 - Has applicant or majority partner filed for bankruptcy in the past 5 years? Yes No
 - Age of Building _____ # of Stories _____
 - Total Sq. Ft. _____ Applicant Occupied Sq. Ft. _____ Apt. Sq. Ft. _____ # Units _____ LRO Sq. Ft. _____
 - 16. Loss History for all lines applied for.** Check here if none.
- | Date | Type/Description | Paid | Reserved | Open/Closed |
|------|------------------|------|----------|-------------|
| | | | | |
| | | | | |
| | | | | |
- Previous Carrier(s) _____ Premium \$ _____
- Within the past 5 years, has applicant's coverage been **cancelled or non-renewed**? Yes No
If yes, explain: _____

SECTION II. GENERAL LIABILITY

- Any auto repair or car wash operation? (If Yes, decline liability) Yes No
- Any firearms on premise? (If Yes, decline liability) Yes No
- Has the risk had any Health or Safety violations? (If Yes, decline liability) Yes No
- If cigarettes are sold, are procedures displayed and followed on verifying the age of customers purchasing cigarettes? (If No, decline liability) N/A Yes No
- Any arcade or video game exposures? Yes No
Number of machines: _____
- If open 24 hours does the facility have all the following? (If No, decline liability)
Surveillance cameras, central station hold up alarm and adequate exterior lighting. Yes No
- Sales of propane tanks filled on premises (filled off premises by others-eligible) (If Yes, decline liability) Yes No
- 25. If applicant is the building owner and there are habitational (apartments, dwellings, etc.) exposures:**
 - Is all the electrical system connected to functional and operational circuit breakers? (If No, decline) Yes No
 - Does the electrical system have any aluminum or knob and tube wiring? (If Yes, decline) Yes No
 - Is all commercial cooking equipment installed with an extinguishing system to code? (If No, decline) Yes No



26. (Annual sales over \$3 Million, decline)	Prior 12 months	Next 12 months
Grocery Food sales (Do not include alcohol or lottery ticket sales)	\$ _____	\$ _____
Prepared/cooked Food sales	\$ _____	\$ _____
Lottery Ticket sales	\$ _____	\$ _____
Fireworks sold	\$ _____	\$ _____
Alcohol sales	\$ _____	\$ _____
Gallons of Gas sold	_____	_____
Other (from what source) _____	\$ _____	\$ _____

Nonowned or hired auto eligibility questions:

- | | Prohibited | Eligible |
|---|------------------------------|-----------------------------|
| 27. Is there a delivery service now or one implemented at any time in the future? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28. Does applicant own or lease on a long term basis any automobile? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 29. Does applicant require its employees to use their personal automobile to conduct the applicant's business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 30. Coverage Desired: <input type="checkbox"/> Nonowned Auto <input type="checkbox"/> Hired Auto | | |
| 31. General Liability Limit <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 | | |
| <input type="checkbox"/> 100/300 <input type="checkbox"/> 300/300 <input type="checkbox"/> 300/600 <input type="checkbox"/> 500/500 <input type="checkbox"/> 500/1M <input type="checkbox"/> 1M/1M <input type="checkbox"/> 1M/2M | | |

SECTION III. PROPERTY INFORMATION

32. Is the property seasonal? Yes No
If Yes, months closed _____
33. Electrical system checked by qualified electrician? Yes No
If Yes, when? _____
34. Is the electrical system connected to circuit breakers? (If No, Decline Property) Yes No
35. Does the electrical system have aluminum or knob and tube wiring? (If Yes, Decline Property) Yes No
36. Heating system checked by a qualified contractor? Yes No
If Yes, when? _____
37. Type of roof? Flat Pitched
38. Roof Updated, yr. _____ Electrical Updated, yr. _____ Plumbing Updated, yr. _____ Heating Updated, yr. _____
39. Is the plumbing completely PVC or Copper (No Iron or Lead)? Yes No
40. Any "special" hazards (raised walks, street elevators, etc.)? _____
41. Vacancies in building Yes No
If Yes, _____%
42. Are there functioning smoke detectors in all common and mechanical equipment areas? Yes No
43. Are fireworks sold in or within 20 feet of insured property? (If Yes, Decline Property) Yes No
44. Burglar Alarm: Local Central Station (Attach Copy for Alarm Credit) Surveillance Cameras Watchman
45. Fire Protection: Sprinklers Local Fire Alarm Central Station Fire Alarm Annually Serviced Fire Extinguisher(s)
46. **Mortgagee:** _____
47. **Loss Payee:** _____

Limits/Rating Information

48. Deductible: \$1,000 \$2,500 \$5,000
49. Protection Class: 1-6 7-8 9-10
50. Construction Type: Frame Joisted Masonry Steel Masonry Non-Combustible Other _____
51. Building Limit: \$ _____ Actual Cash Value Replacement Cost
52. Contents Limit \$ _____ Actual Cash Value Replacement Cost
53. Business Income Limit: \$ _____ Canopies Limit: \$ _____ Gas Pump Limit: \$ _____



54. Cause of Loss: Standard Special _____ (Requires a central station burglar alarm)
 Special/excluding theft Special w/ theft limit _____ (Requires a central station burglar alarm)

Optional Coverages

55. Money & Securities (Special only) \$ _____ Inside \$ _____ Outside (\$1000 Standard Deductible)
56. Outdoor Signs \$ _____ Exterior Glass Linear Ft. _____
57. Equipment Breakdown: (A maintenance contract for all Refrigeration units is warranted) Yes No

Cooking Supplement

- No Cooking
58. Describe Cooking Equipment used: Deep Fat Fryers Grills Open Flame Oven
 Barbeque Pit/Charcoal grill Smoker Other _____
59. Describe any outside cooking _____ Distance from building _____
60. Is the cooking area, hood and duct system protected per NFPA 96 (ansul, extinguishing system)? Yes No
61. Is there a cleaning contract in force with an outside firm? Yes No
Frequency of cleaning _____ Date last serviced _____
62. Type of Extinguishing system? Wet Dry

SECTION IV. LIQUOR LIABILITY

63. Is establishment located within 5 miles of a college or university? Yes No
64. What is the average age of patrons? Under 21 21-25 26-30 31+
65. **Hours of alcohol sales:** Mon-Thurs _____ Fri _____ Sat _____ Sun _____
66. Alcohol beverage sales: Prior 12 months: \$ _____ Next 12 months: \$ _____
67. Are all alcohol-serving employees certified in a Formal Alcohol Training Course? Yes No
If yes, provide name of the course (i.e.: TIPS, TAM, RAMP, BEST, etc): _____
68. Are employees permitted to consume alcohol during their hours of employment? Yes No
69. **Violations:** Within the past 5 years, has applicant been **fined or cited** for violations of law or ordinance related to illegal activities or the sale of alcohol? Yes No
If yes, provide date(s) and details of citation(s): _____
70. Within the past 5 years, has the applicant had any reported **liquor liability claims** or notification of potential liquor] liability claims? Yes No
If yes, provide date(s), description of claim(s) and status: _____
Previous Liquor Carrier: _____ Limits _____ Premium _____
71. Does applicant have valid liquor license? Yes No
If yes, Name on the license: _____ License #: _____
72. Limits Desired: Each Common Cause Limit: _____ Aggregate Limit _____

SECTION V. COMMERCIAL UMBRELLA

73. Desired Limits: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000
74. Auto Liability Carrier: _____ Employer Liability Carrier: _____
75. Auto Policy Limits: _____ EL Policy Limits: _____
76. Auto Policy Eff. Date: _____ EL Policy Eff. Date: _____
77. Auto Policy Premium (Liability only): _____
78. Vehicle Schedule: (Number & type): _____
79. Are there any heavy or extra heavy units? (If yes, decline umbrella) Yes No
80. Have there been any losses greater than \$10,000 in the past 5 years? Yes No
If yes, give details: _____



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 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: _____

Submit by fax or email to the regional office that serves your primary location:



West

San Francisco, CA
Morgan Hill, CA
Redondo Beach, CA
Santa Clarita, CA
San Diego, CA

Fax: 415-955-1924
Fax: 408-778-6096
Fax: 310-372-1903
Fax: 661-297-7619
Fax: 760-737-7989

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