

QUOTE   
BIND   
FINANCING

# GROCERY/CONVENIENCE STORE APPLICATION

To OBTAIN A QUOTATION OR COVERAGE ALL QUESTIONS MUST BE ANSWERED

1. NAME OF APPLICANT: \_\_\_\_\_ SSN: \_\_\_\_\_

DBA: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STREET ADDRESS CITY STATE ZIP CODE

2. INSPECTION CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

3. LOCATION OF RISK: \_\_\_\_\_

STREET ADDRESS

CITY STATE ZIP CODE COUNTY

4. EXPIRING CARRIER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ PREMIUM: \_\_\_\_\_

5. CLASSIFICATION OF RISK:

GROCERY STORE  CONVENIENCE STORE  LIQUOR/BEVERAGE STORE

OTHER: \_\_\_\_\_

6. NUMBER OF YEARS AT LOCATION: \_\_\_\_\_

IF LESS THAN 3 YRS AT THIS LOCATION, LIST PREVIOUS EXPERIENCE: \_\_\_\_\_

7. DOES OWNER OPERATE & MANAGE THIS STORE?  YES  NO

8. IS APPLICANT OPEN NOW?  YES  NO IF "NO", EXPLAIN: \_\_\_\_\_

9. IS APPLICANT, OWNER OR CORPORATION NOW OR EVER INVOLVED IN:  NONE

BANKRUPTCIES  FORECLOSURES  TAX LIENS  BUSINESS FAILURE  ANY LITIGATIONS

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

10. BUILDING SECTION: \_\_\_\_\_ PROTECTION CLASS: \_\_\_\_\_

YEAR OF BUILDING: \_\_\_\_\_ CONSTRUCTION: \_\_\_\_\_ NO. OF STORIES: \_\_\_\_\_

YEAR OF: WIRING: \_\_\_\_\_ PLUMBING: \_\_\_\_\_ HEATING: \_\_\_\_\_ ROOFING: \_\_\_\_\_

EMERGENCY LIGHTING?  YES  NO

CIRCUIT BREAKERS?  YES  NO

SMOKE DETECTORS?  YES  NO IF YES ⇨  ELECTRIC  BATTERY POWERED

FIRE ALARM?  YES  NO IF YES ⇨ TYPE: \_\_\_\_\_

BURGLAR ALARM?  YES  NO IF YES ⇨ TYPE: \_\_\_\_\_

SPRINKLER SYSTEM?  YES  NO IF YES ⇨ AGE: \_\_\_\_\_ TYPE: \_\_\_\_\_

## ADVANCED E&S GROUP – MIDWEST REGION

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11. **SUPPLEMENTAL INFORMATION:**

- ANY POLICY AND/OR COVERAGE DECLINED OR CANCELLED IN THE PAST 3 YRS?  YES  NO
- DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?  YES  NO
- WITHIN THE LAST TWELVE (12) MONTHS, HAVE YOU BEEN CITED WITH ANY FIRE AND/OR BUILDING CODE VIOLATIONS?  YES  NO
- COPPER WIRING AND CIRCUIT BREAKERS THROUGHOUT BUILDING?  YES  NO
- COPPER PLUMBING THROUGHOUT?  YES  NO
- ANY WOOD SHAKE ROOFING OR MANSARD?  YES  NO
- ANY MARINAS, MARINA OPERATIONS OR BOAT SLIPS?  YES  NO
- ANY PRIOR CONSTRUCTION DEFECTS OR MOLD EVIDENCE UNCOVERED?  YES  NO
- ANY ON-SITE STORAGE OF CHEMICALS OR HAZARDOUS MATERIALS BY A TENANT?  YES  NO
- HVAC SYSTEM UNDER MAINTENANCE CONTRACT?  YES  NO
- DO YOU HAVE A SERVICE CONTRACT FOR FIRE PROTECTION EQUIPMENT?  YES  NO
- DO YOU REQUIRE YOUR TENANTS TO PROVIDE INSURANCE FOR THEIR RENTAL UNITS?  YES  NO
- DO YOU REQUIRE YOUR COMMERCIAL TENANTS TO PROVIDE INS. FOR THEIR UNITS?  YES  NO
- DO YOU RUN BACKGROUND CHECKS ON TENANTS PRIOR TO RENTING?  YES  NO

12. **GENERAL INFORMATION**

IN THE LAST 12 MONTHS HAVE ANY EMERGENCY SERVICES BEEN CALLED (I.E., POLICE, FIRE)  YES  NO  
IF YES, EXPLAIN: \_\_\_\_\_

- DO YOU PROVIDE DELIVERY SERVICE?  YES  NO
- PLAYGROUNDS OR PLAYROOMS?  YES  NO
- FIREARMS ON PREMISES?  YES  NO
- BUSINESS SEASONAL?  YES  NO IF SO, HOW MANY MONTHS CLOSED? \_\_\_\_\_
- NEIGHBORHOOD CRIME & V&MM EXPOSURE  HIGH  MODERATE  LOW
- HOURS OF OPERATION: MON: \_\_\_\_\_ TUES: \_\_\_\_\_ WED: \_\_\_\_\_  
THURS: \_\_\_\_\_ FRI: \_\_\_\_\_ SAT: \_\_\_\_\_ SUN: \_\_\_\_\_

13. **PROPERTY SECTION:**

- DOES APPLICANT OWN BUILDING?  YES  NO REQUIRED BY LEASE TO INSURE BLDG?  YES  NO
  - BUILDING LIMIT: \$ \_\_\_\_\_ CO-INS % \_\_\_\_\_  ACV  RC DED. \$ \_\_\_\_\_
  - CONTENTS LIMIT: \$ \_\_\_\_\_ CO-INS % \_\_\_\_\_  ACV  RC DED. \$ \_\_\_\_\_
  - BUSINESS INCOME LIMIT: \$ \_\_\_\_\_ CONTRIBUTION / CO-INS % \_\_\_\_\_
  - BUSINESS INCOME WITH EXTRA EXPENSE  YES  NO IF NOT ANSWERED, WILL BE RATED WITHOUT
  - GLASS BREAKAGE:  YES  NO -----> LIMIT: \$ \_\_\_\_\_ DED. \$ \_\_\_\_\_
  - PROPERTY COVERAGE EXTENSION ENDORSEMENT:  YES  NO
- (INCLUDES COVERAGE FOR CRIME-M&S, OUTDOOR PROPERTY, PERS PROP OF OTHERS, SPOILAGE & VALUABLE PAPERS)*

14. **GENERAL LIABILITY SECTION:**

LIABILITY OCCURRENCE LIMIT:  \$ 300,000  \$ 500,000  \$ 1,000,000  
AGGREGATE LIMIT:  SAME AS OCCURRENCE  DOUBLE OCCURRENCE

**ESTIMATED ANNUAL RECEIPTS:** **TOTAL RECEIPTS: \$** \_\_\_\_\_  
FOOD: \$ \_\_\_\_\_ LIQUOR: \$ \_\_\_\_\_ OTHER: \$ \_\_\_\_\_

**SQUARE FOOTAGE:** TOTAL BUILDING: \_\_\_\_\_  
TOTAL STORE: \_\_\_\_\_ CUSTOMER AREA: \_\_\_\_\_  
APARTMENTS: \_\_\_\_\_ NUMBER OF UNITS: \_\_\_\_\_

OFF PREMISE PARKING:  YES  NO IF YES ⇨ LIST ADDRESS AND SQUARE FOOTAGE: \_\_\_\_\_

15. **ADDITIONAL INTERESTS:**

MORTGAGEE AND ADDRESS 1<sup>ST</sup> \_\_\_\_\_  
 CHECK IF NONE 2<sup>ND</sup> \_\_\_\_\_  
ADDITIONAL INSUREDS 1<sup>ST</sup> \_\_\_\_\_  
 CHECK IF NONE 2<sup>ND</sup> \_\_\_\_\_  
LOSS PAYEES 1<sup>ST</sup> \_\_\_\_\_  
 CHECK IF NONE 2<sup>ND</sup> \_\_\_\_\_

16. **CLAIMS SECTION:**

LIST ALL CLAIMS FOR THE PAST FIVE (5) YEARS (MUST INCLUDE HARD COPY LOSS RUNS):

PROPERTY CLAIMS: \_\_\_\_\_  
\_\_\_\_\_  
GENERAL LIABILITY CLAIMS: \_\_\_\_\_  
\_\_\_\_\_

I DELARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE OR SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO FINES AND/OR IMPRISONMENT. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

AS PART OF OUR UNDERWRITING PROCEDURES, A ROUTINE INQUIRY MAY BE MADE TO OBTAIN APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, AND CREDIT HISTORY. UPON YOUR REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

\_\_\_\_\_  
SIGNATURE OF PRODUCING AGENT AGENCY NAME AND ADDRESS