

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY
PELEUS INSURANCE COMPANY**

CONTRACT DIVISION – CONVENIENCE STORES - SUPPLEMENTAL APPLICATION

ACORD Application also required - Check all applicable checkboxes below

General Agent:	Date:
Insured:	
Insured Mailing Address:	
Insured's Web Address:	
Insured Contact Name:	Phone Number:

PROHIBITED (check all that apply to your operations)

- Ammunition and/or gun sales
- Auto repair
- Drug Paraphernalia and Synthetic Drug sales (Legal or Illegal):
 - Paraphernalia:
 - Defined as any equipment, product or material of any kind which is primarily intended or designed for use in manufacturing, compounding, converting, concealing, producing, processing, preparing, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance.
 - Examples include but are not limited to: Bongs; carburetion tubes and devices, carburetion/smoking masks; chillums (i.e. cone-shaped marijuana/hash pipes); digital scales; emptied out pens; freebase kits; hashish heads, or punctured metal bowls; miniature spoons with level capacities of one-tenth cubic centimeter or less; pipes – i.e. air-driven, carburetor, electric, ice/chiller, water; roach clips (i.e. objects used to hold burning material such as a marijuana cigarette, that has become too small or too short to be held in the hand); vaporizers; vials; wired cigarette papers
 - Synthetic drugs:
 - Defined as fake marijuana or other substances that are marketed as potpourri, bath salts, incense or other household products are strictly prohibited. These are products that have labeling that has no actual relationship to the materials inside of the packaging. They are marketed and sold to be inhaled or consumed internally. They may be sold over-the-counter or under-the-counter. Under-the-counter sales occur for products that have packaging that mimics either the look or the name of street drugs. Anyone who has sold these types of products in this manner (past or present) is ineligible for coverage.
- E-cigarettes and/or vapor pipes IF they exceed 10% of total annual receipts
- Firearms on premises
- Fireworks sales
- Hookah or Oxygen Bars
- LPG tank refilling (tank exchange acceptable if kept locked in cage outside of building)
- Rental of moving equipment

CONVENIENCE STORES - SUPPLEMENTAL APPLICATION

YEARS IN BUSINESS / EXPERIENCE

- _____ Years in business as the 'Named Insured' indicated on this application
- _____ Years' experience in the operations indicated on this application - Attach resumes if available
- Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
(Missouri Applicants - Do not answer this question)

- Applicant in receivership
- Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

LOSS HISTORY

- Three years of loss history information on ACORD application or attached to this application

OPERATIONS / EXPOSURES / CONTROLS

- Building areas is 5,000 square feet or less (if not then not eligible for convenience store classification)
- Construction or renovation in progress or contemplated.
 - Construction or renovation will be done by insured third parties who will name you as an additional insured on their policy

Details including estimated project cost:

- Hours of operation - 24 hour

Cooking:

- Automatic-extinguishing system service contract and ductwork cleaning contract in place
 - Service and cleaning contracts for this system have at least a semi-annual frequency
- Grease cooking and grease vapor producing equipment (grills, fryers or similar) protected by Automatic Fire Extinguishing System (i.e. Ansul or similar)

Liquor:

- Alcohol sales
- Employees in retailing of liquor are required to have formal training
- I.D. required on all alcohol sales

Safety/Security:

- Central station burglar alarm
- Emergency lighting
- Exit signed illuminated
- Guard dog on premises

SUBCONTRACTORS

- Uninsured subcontractors are not acceptable. Exceptions allowed in Texas subject to Company guidelines.
- Describe type of work performed by subcontractors:

- Risk Transfer – Subcontractors:
 - Additional Insured – Status granted to you on the subcontractor's policy
 - Certificates of insurance - Always obtained from a subcontractor prior to any work being done for you.
 - Limits of Liability - Subcontractors are required to carry limits equal or above your own

CONVENIENCE STORES - SUPPLEMENTAL APPLICATION

EMPLOYEES

- Total Number of Employees (include leased employees): _____
- Describe type of work performed by employees:

RECEIPTS

Car Wash	\$
Food and non-alcoholic beverages (to include all restaurant receipts)	\$
Gasoline	\$
Liquor	\$
LPG – Tank exchange	\$
Lottery tickets (count commissions from sales only)	\$
Other (describe)	\$
Other (describe)	\$
Other (describe)	\$
TOTAL	\$

COVERAGE OPTIONS - LIABILITY (check if you would like a quote on any of the following)

- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability
- Identity Recovery – i.e. Identity Theft – U651
- Liquor Liability -
- Medical Expense Limit of \$10,000 rather than \$5,000
- Stop Gap Liability – U066

COVERAGE OPTIONS - PROPERTY (check if you would like a quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 & U523
- Property Coverage Enhancement: Bronze – U777C Silver – U777B or Gold – U777A
- Signs (Outdoor) – CP1440
- Water Back Up and Sump Overflow – U548

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GENERAL FRAUD STATEMENT (Not applicable in all states.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- The answers are true, correct and complete to the best of his/her knowledge.*
- They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE