



## **CID Insurance Services**

THE BROKERS PREFERRED WHOLESALE SOLUTION

### **Convenience Stores**

For a complete submission, please include the following information:

- ACORD Applications 125, 126, & 140
- Supplemental Application

If you don't see what you need or have any questions, please email your underwriter: [teresa@cidinsurance.com](mailto:teresa@cidinsurance.com)

# CID Insurance Programs Inc. DBA CID Insurance Services

## CONVENIENCE STORES GENERAL LIABILITY SUPPLEMENTAL APPLICATION

**NAMED INSURED:** \_\_\_\_\_

<b>Applicant is:</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (Specify)
----------------------	---	--	--

<b>1.</b>	<b>CLASSIFICATION OF RISK (check all that apply)</b>	
	<input type="checkbox"/> Convenience Stores <input type="checkbox"/> Car Wash <input type="checkbox"/> Deli	<input type="checkbox"/> Gasoline Stations <input type="checkbox"/> Auto Repair/Detail <input type="checkbox"/> Restaurant <input type="checkbox"/> Other:

<b>2.</b>	<b>APPLICANT INFORMATION</b>	
<b>a.</b>	Years in business operating under the name shown above? Number of years experience:	
<b>b.</b>	Does applicant have firearms on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c.</b>	Is there an ATM on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d.</b>	Is premises open 24 hours? If no, what are hours of operation?            to What days are premises open?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e.</b>	What is total number of employees? Number of full-time: Number of part-time Minimum number of attendants on duty at one time:	
<b>f.</b>	Does applicant have other business ventures for which coverage is not requested? If yes, please describe	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>3.</b>	<b>DESCRIPTION OF OPERATIONS</b>	
<b>a.</b>	Total Annual Sales:  Provide a Breakdown of Sales-  Gallons of Gas Sold: Alcohol Sales: Prepared on-premises Food Sales: Convenience Store Sales: Kratom Sales: CBD Sales: Carwash Sales: Other Sales:                      Describe what Other Sales are:	
<b>b.</b>	Liquor  Does applicant hold a liquor license? Name on liquor license: Type of liquor license:  Are procedures in place regulating the sale of alcohol to minors and those under the influence?	<input type="checkbox"/> Yes <input type="checkbox"/> No           <input type="checkbox"/> Yes <input type="checkbox"/> No

	<p>Has applicant ever been assessed a fine for violation of a law concerning the sale of alcohol, or had liquor license suspended/revoked? If yes, when and why?</p> <p>What type of training is provided to Owners, Managers, and Employees regarding the sale of liquor?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No						
c.	<p>Tobacco: Any tobacco sales?</p> <p>Are procedures displayed and followed to verify age of customers purchasing tobacco?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No						
d.	<p>LPG: Does applicant provide LPG tank filling?</p> <p>Does applicant provide LPG tank swap?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No						
e.	<p>Cooking and Food Preparation:</p> <p>Does applicant have cooking or food preparation on premises? If yes, type (check all that apply)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Deli</td> <td><input type="checkbox"/> Grill</td> <td><input type="checkbox"/> Pizza Oven</td> </tr> <tr> <td><input type="checkbox"/> Deep Fryer</td> <td><input type="checkbox"/> Microwave Oven</td> <td><input type="checkbox"/> Overnight Barbecuing</td> </tr> </table> <p>Kitchen/cooking protection (check all that apply):</p> <p><input type="checkbox"/> Dry Ansul system. If checked frequency of service:</p> <p><input type="checkbox"/> Wet Ansul system. If checked frequency of service:</p> <p><input type="checkbox"/> Hoods/Ducts. If checked frequency of cleaning:</p>	<input type="checkbox"/> Deli	<input type="checkbox"/> Grill	<input type="checkbox"/> Pizza Oven	<input type="checkbox"/> Deep Fryer	<input type="checkbox"/> Microwave Oven	<input type="checkbox"/> Overnight Barbecuing	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Deli	<input type="checkbox"/> Grill	<input type="checkbox"/> Pizza Oven						
<input type="checkbox"/> Deep Fryer	<input type="checkbox"/> Microwave Oven	<input type="checkbox"/> Overnight Barbecuing						
f.	<p>Security</p> <p>Is there a Central Station Burglar Alarm?</p> <p>Does the cashier have a panic button direct to police or alarm company?</p> <p>Is there a surveillance camera on premises?</p> <p>Are there any security guards on premises? Number of: Unarmed          Armed</p> <p>Is there a drive up window?</p> <p>Have there been any health or safety violations?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No						
g.	<p>Gasoline: Is gasoline sold?</p> <p>Number of pumps: Self Serve:          Full Service:</p> <p>Value of Gas Pumps:</p> <p>Value of each Canopy:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No						

<b>5.</b>	<b>ADDITIONAL OPERATIONS</b>	
a.	<p>Is there a carwash on premises?</p> <p>Do customers drive their car into the carwash bay? If yes, describe:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	<p>Any auto repair?</p> <p>If yes, describe: Garagekeepers limit:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	<p>Is there a habitational/apartment exposure? Number of units:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award pay-able from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** 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.

**NEW YORK FRAUD WARNING:** 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.

**APPLICANT'S STATEMENT:**

I/We hereby declare that the above statements and particulars are true and I/We agree that his application shall be the basis of the contract with the insurance company.

APPLICANT NAME:	APPLICANT TITLE:
APPLICANT'S SIGNATURE  _____ (must be signed by an active owner, partner or executive officer)	DATE:
PRODUCER'S SIGNATURE:  _____	DATE:

**IMPORTANT NOTICE**

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.