
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: _____
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ADVANCED E&S INSURANCE UNDERWRITERS

3250 North 29th Avenue Hollywood, FL 33020 Phone: (954) 963-6666 Fax: (954) 986-0670
Website: <http://www.advancedesgroup.com>

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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 1ST _____
 CHECK IF NONE 2ND _____
ADDITIONAL INSUREDS 1ST _____
 CHECK IF NONE 2ND _____
LOSS PAYEES 1ST _____
 CHECK IF NONE 2ND _____

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