



Granite Insurance Services, Inc.

Phone (720) 872-6406 (800) 522-3482

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CONVENIENCE STORE APPLICATION

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Inspection Contact: _____

Phone Number for Inspection contact: _____

Proposed Policy Period: _____ to: _____

Insured is Individual Partnership Corporation Joint Venture Other _____

GENERAL INFORMATION

Number of years in business? _____ If new what is prior experience? _____

Receipts: Total:	\$ _____	Total Employees: Full Time _____ Part Time _____
Liquor:	\$ _____	Operating Hours: _____
Gas:	\$ _____	Number of Days Open: _____
Lottery Sales	\$ _____	
LPG Sales	\$ _____	
Other	\$ _____	

Any Firearms on premises? _____ Square footage of building _____

COOKING INFORMATION

Any cooking on premises? Yes No

Type of cooking: Microwave Pizza Oven *Grill *Fryer Other _____

*Is there an ansel system? Yes No Hood and Ducts? Yes No

GASOLINE SALES AND AUTO SERVICE EXPOSURES

Number of pumps: _____ Total gallons sold per year: _____

Emergency automatic shutoff accessible to employees and customers? _____

Is there a car wash on premises? Yes No If yes, describe: _____

Any Auto Repair on premises? yes No If yes, describe _____

BUILDING INFORMATION:

	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL SQ. FOOTAGE:			
PROTECTION CLASS:			
ALARM	CENTRAL STATION <input type="checkbox"/> LOCAL <input type="checkbox"/> NONE <input type="checkbox"/>	CENTRAL STATION <input type="checkbox"/> LOCAL <input type="checkbox"/> NONE <input type="checkbox"/>	CENTRAL STATION <input type="checkbox"/> LOCAL <input type="checkbox"/> NONE <input type="checkbox"/>

Year of latest update for:	Roof _____	Plumbing _____	Wiring _____
Year of latest update for:	Roof _____	Plumbing _____	Wiring _____
Year of latest update for:	Roof _____	Plumbing _____	Wiring _____

LIMITS & COVERAGES - PROPERTY

DEDUCTIBLES: BUILDINGS - \$ _____ **BPP - \$** _____ **BUSINESS INCOME - \$** _____
CAUSES OF LOSS: Basic Broad Special
VALUATION: A.C.V. R.C. Market Value (Submit)

LIMITS		LOC. 1	LOC. 2	LOC. 3
BUILDING	%Coinsurance	\$ _____	\$ _____	\$ _____
BPP	%Coinsurance	\$ _____	\$ _____	\$ _____
BUS. INCOME	%Coin. or _____ Monthly Limit	\$ _____	\$ _____	\$ _____
SIGNS (Describe):		\$ _____	\$ _____	\$ _____
TOTAL LIMITS:		\$ _____	\$ _____	\$ _____

ADJACENT EXPOSURES:

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

PARTICIPATING COMPANIES:

NAME OF COMPANY	% PARTICIPATION	LIMITS
_____	_____	_____

LIMITS – GENERAL LIABILITY:

LIMITS OF LIABILITY REQUESTED:

GENERAL AGGREGATE: _____
 PRODUCTS & COMPLETED OPERATIONS AGGREGATE: _____
 PERSONAL & ADVERTISING INJURY: _____
 EACH OCCURRENCE: _____
 FIRE DAMAGE: _____
 MEDICAL PAYMENTS: _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS:

NAME AND ADDRESS:	INTEREST	ADD'L INS'D.
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>

PRIOR EXPERIENCE AND LOSSES

PRIOR CARRIER	LIMITS	POLICY TERM	LOSS INFORMATION

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Witness

Date

Applicant's Signature

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain 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.