



- Markel Insurance Company
- Markel American Insurance Company
- Evanston Insurance Company

CONVENIENCE STORE SUPPLEMENTAL APPLICATION

(To be attached to ACORD applications)

Applicant Name:		Date:
Mailing Address:		
City:	State:	Zip Code:
Location Address:		
City:	State:	Zip Code:

1. How long in business? _____ Under same management? _____
2. Annual Gross Receipts: _____ Number of employees: _____ Full-time: _____ Part-time: _____
 Liquor sales: \$ _____ Operating hours: _____
 Gas sales: \$ _____ Days open: _____
 Other: \$ _____ If other, describe: _____
Total: \$ _____
3. ATM on premises? Yes No Lottery machines on premises? Yes No
 If yes, total annual sales: \$ _____
4. LPG tank filling? Yes No If yes, by: Employee or Customer? LPG annual sales: \$ _____
 LPG tank swap? Yes No Are there protective barriers around the tanks? Yes No
5. Any weapons or firearms on premises? Yes No
6. Square footage of building: _____
7. Is there any cooking or food preparation on premises? Yes No
 If yes, type of cooking: Microwave Pizza oven Grill Fryer
 Deli Salad bar Other: _____
 Is there an Ansul system? Yes No If yes, frequency of service: _____
 Any hoods or ducts? Yes No If yes, frequency of cleaning: _____
8. Describe safety controls: _____

9. Is a liquor license held? Yes No Type: Beer/wine Liquor
 If yes, is liquor coverage in place? Yes No Percentage of annual liquor sales: _____%
10. Advise type of training of owners, managers, employees: _____
11. Any tobacco sales? Yes No

- If yes, are procedures displayed and followed to verify age of customers purchasing tobacco? Yes No
12. Is gasoline sold? Yes No
 If yes, gallons sold annually: _____ Number of pumps: _____ Self serve: _____ Full service: _____
 Is coverage provided elsewhere for gasoline products? Yes No
 If yes, provide details of coverage: _____
13. Is there a car wash on premises? Yes No
 If yes, describe: _____
14. Any auto repair? Yes No
 If yes, describe: _____
15. Is there a Central Station Burglar Alarm? Yes No
16. Does the cashier have a panic button direct to police or alarm company? Yes No
17. Minimum number of cashiers/attendants on duty at any one time: _____
18. Is there a surveillance camera on premises? Yes No
19. Are there any security guards on premises? Yes No
 If yes, number of armed: _____ Unarmed: _____
20. If there a habitational/apartment exposure? Yes No
 If yes, number of units: _____
21. Is there a drive up window? Yes No
22. Have there been any health or safety violations? Yes No

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

 Name of applicant

 Title

 Signature of applicant

 Date

(Florida only) Agent license number: _____