

Chris-Leef General Agency, Inc.
(913) 631-1231 (913) 631-1128 fax
www.chris-leef.com

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.