Name of Applicant:

Quote / Policy Number:

Completed By:

Date:

**Mini Mart / Gasoline Station Supplemental Application**

How many years has the applicant been in business?       years

Is there a safety program? [ ]  No [ ]  Yes – If yes, please explain:

If applicable, is there a franchise safety program? [ ]  Yes [ ]  Not Applicable

Are employees health plans provided to employees? [ ]  No [ ]  Yes

* If yes, to which employees?
* If yes, what percentage is paid by the employer?      %

Would the insured be willing to comply with light duty work? [ ]  No [ ]  Yes

Would the insured need assistance with identifying light duty job assignments? [ ]  No [ ]  Yes

What are the hours of operation?

How many full time employees?       Part time employees?

How many employees have been hired in the past 12 months?

What is the client’s attitude towards housekeeping?

Is the lighting in the stockroom adequate?

Explain what preventative measures the insured has taken to reduce the threat of robbery (i.e., bullet proof glass, alarm, cameras, panic button, firearms, etc.). Please list all that apply:

Have store employees received any formal training on how to deal with robbers? [ ]  No [ ]  Yes

What is the average amount of cash kept on store premises? $

How frequently are bank deposits made?

When/what time of the day are deposits made?

Is there a safe on premises? [ ]  No [ ]  Yes

Is there more than one employee at night? [ ]  No [ ]  Yes – If yes, how many?

Do the police patrol frequently? [ ]  No [ ]  Yes

Are the employees self-contained after midnight? [ ]  No [ ]  Yes [ ]  Not Applicable

Where are the employees’ restrooms located?

Are there deli or restaurant operations? [ ]  No [ ]  Yes

Do they perform any auto service/repairs? [ ]  No [ ]  Yes – If yes, any major repairs? [ ]  No [ ]  Yes

Full Service Islands? [ ]  No [ ]  Yes – If yes, what are the hours of operation?

Any towing/road service? [ ]  No [ ]  Yes

What are the gross receipts? $      Store receipts? $

Do they have automatic locking doors? [ ]  No [ ]  Yes

In addition to all of the above information, please also provide the following:

* None at this time.