



CARRIER:

United States Liability Insurance Company

# Convenience, Delicatessen and Grocery Store Product Application

## I. INSTANT QUOTE INFORMATION

Applicant's name (include DBA name): \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Web address: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Form of business:  Individual  Corporation  Partnership  LLC  Trust  Other \_\_\_\_\_

### Description of Operations:

Have there been any property or liability losses in the past three years?  Yes  No

If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet.

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

- How many years has applicant been at the current location? \_\_\_\_\_
- What year did the business start? \_\_\_\_\_
- Does the business operate on a seasonal basis?  Yes  No
- How many months per year does the business operate? \_\_\_\_\_
- Do you own the building? (If No, skip Building Owner Questions under both the property and liability sections below)  Yes  No
- Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years?  Yes  No
- Has insurance coverage been cancelled or non-renewed in the past three years?  Yes  No
- Does any building built prior to 1978 have aluminum or knob-and-tube wiring?  Yes  No
- For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers?  Yes  No
- Are there functioning and operational fire extinguishers readily available?  Yes  No

<b>Building Construction:</b> <input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry noncombustible <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Fire resistive					
FUS Grade _____	Cause of Loss <input type="checkbox"/> Basic (Named Perils) <input type="checkbox"/> Special (Broad)	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Number of Stories _____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central station <input type="checkbox"/> None	
What year was the building constructed? _____			Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____					

What type of roof is on the building?	<input type="checkbox"/> Flat	<input type="checkbox"/> Wood shake	<input type="checkbox"/> Shingle	<input type="checkbox"/> Metal	<input type="checkbox"/> Tile	<input type="checkbox"/> Slate	<input type="checkbox"/> Other: _____
What is the age of the roof? _____ years							
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No							
What is the square footage of the entire structure? _____ sq. ft.							
<b>Building Limit:</b>	\$ _____	<b>Coinsurance</b> (80% minimum)	_____ %	<input type="checkbox"/> ACV	<input type="checkbox"/> RC		
<b>Business Personal Property Limit:</b>	\$ _____	<b>Coinsurance</b> (80% minimum)	_____ %	<input type="checkbox"/> ACV	<input type="checkbox"/> RC		
<b>Business Income Limit:</b>	\$ _____	<b>Coinsurance</b>	<u>or</u>	<b>Monthly Limit of Indemnity</b>			
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense		<input type="checkbox"/> 50%	<input type="checkbox"/> 60%	<input type="checkbox"/> 70%	<input type="checkbox"/> 1/3	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/6
		<input type="checkbox"/> 80%	<input type="checkbox"/> 90%	<input type="checkbox"/> 100%			

11. Is there any commercial cooking/deep fat frying or grilling done on the premises?  Yes     No
12. Is all cooking equipment covered by a functioning and operational automatic fire extinguishing system that is compliant with the National Fire Protection Association standard 96?  Yes     No
13. Is all cooking equipment covered by an in-force cleaning contract?  Yes     No
14. Are functioning and operational fire extinguishers readily available?  Yes     No
15. Are there any sales of fireworks or other pyrotechnics on the premises?  Yes     No

**II. GENERAL LIABILITY SECTION**     Not applicable

Limit:                     \$1 million/\$2 million     \$2 million/\$2 million     \$2 million/\$5 million     \$3 million/\$3 million  
 \$4 million/\$4 million     \$5 million/\$5 million

Grocery food sales:    \$ \_\_\_\_\_ (includes "other sales" such as bait, lottery and amusement receipts)

Prepared food sales:    \$ \_\_\_\_\_ (OFF-premises consumption e.g., delicatessen)

\$ \_\_\_\_\_ (ON-premises consumption)

Liquor sales:            \$ \_\_\_\_\_ (OFF-premises consumption)

\$ \_\_\_\_\_ (ON-premises consumption)

Self-service car wash sales: \$ \_\_\_\_\_

Gallons of gas pumped: \_\_\_\_\_ (annually)    Sales: \$ \_\_\_\_\_

Type of gasoline pump service:     Full service only     Self service only     Both full and self service

Number of full-time employees: \_\_\_\_\_    Number of part-time employees \_\_\_\_\_ (<30 hrs/week)

**General Liability Eligibility**

16. Is the applicant now, or will the applicant ever act as a franchisor? (grantor of a franchise)  Yes     No
17. Is there any sale of, distribution of or filling of liquefied petroleum gas? (LPG/Propane)  Yes     No
18. Do the gross sales exceed \$2 million?  Yes     No
19. Is there an automatic car wash on the premises? (self-service car wash is acceptable)  Yes     No
20. Are any auto repair operations done on the premises?  Yes     No
21. Are any locations in excess of 5,000 square feet?  Yes     No
22. Is any portion of the building leased to commercial tenants?  Yes     No
- a. If "Yes," what is the tenant's operation? \_\_\_\_\_
- b. How many square feet does the tenant occupy? \_\_\_\_\_
23. Does the applicant lease any apartments at this location?  Yes     No
- a. If "Yes," how many apartments/units? \_\_\_\_\_
- b. What is the total area of said apartments/units? \_\_\_\_\_

**IV. LIQUOR LIABILITY SECTION**     Not applicable

24. Does the applicant offer on-premises tasting or samplings of alcoholic beverages?  Yes     No
- If "Yes," complete the following:
- a. Are more than eight ounces of beer/wine or four ounces of hard alcohol permitted for any one patron per day?  Yes     No

- b. If persons other than the applicant's employees are serving the samples, are they required to carry their own liquor liability insurance at limits equal to or greater than the applicant's?  Yes  No
25. Does applicant deliver alcoholic beverages to their customers?  Yes  No
- If "Yes," complete the following:
- a. Is alcohol only delivered to individuals age 21 or over with proper identification and signature required?  Yes  No
- b. Does applicant deliver to Alaska, New Brunswick, Northwest Territories, Nunavut and Quebec?  Yes  No
26. Does the establishment attract a predominantly youthful clientele ranging from 18–25 years of age?  Yes  No
27. What time does the sale of alcohol cease? \_\_\_\_\_  a.m.  p.m.  24 hours
28. Are all alcohol-serving employees certified in a formal alcohol training course not mandated by the territory/province?  Yes  No
- If "Yes," provide the name of the course: \_\_\_\_\_  
*(To be eligible for a credit on your quote, company requires copies of the certificates within 21 days of binding.)*
29. Does the establishment utilize an identification scanner device to verify age of patrons?  Yes  No

**Additional Interests** (AI = Additional insured, LP = Loss payee, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to Us")

Name	Relationship/Interest	Address	City, Province, Postal Code	AI	LP	M	W
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Liquor Liability Eligibility**

30. Have there been any citations, violations, charges or enforcement actions at this location within the past five years?  Yes  No
- If "Yes," provide the following information on each citation, violation, charge or enforcement action:
- Date(s): \_\_\_\_\_
- Description(s): \_\_\_\_\_
- Measures in place to prevent future incidents: \_\_\_\_\_
31. Are general liability limits equal to or greater than liquor liability limits maintained? *(As a condition of coverage, general liability limits must be maintained at limits equal to or greater than liquor liability limits.)*  Yes  No
32. Will applicant maintain a valid liquor license, if required by ordinance or law, prior to the applicant selling, serving or distributing alcohol?  Not Required  Yes  No
- a. Name on license: \_\_\_\_\_
- b. License #: \_\_\_\_\_
33. Are employees or other persons selling or serving alcohol permitted to consume alcohol during their hours of employment or service?  Yes  No
34. Does applicant require proof of age identification from customers who appear to be under the age of 35 who are purchasing beer, wine or alcohol?  Yes  No
35. Within past five years, has applicant's liquor liability coverage been cancelled or non-renewed?  Yes  No
- If "Yes," explain: \_\_\_\_\_
36. Does applicant's business include internet sales of alcohol?  Yes  No
- If "Yes," provide the following information:
- a. Does applicant sell alcohol only to adults with proper identification and a signature?  Yes  No
- b. Does applicant sell alcohol in Alaska, New Brunswick, Northwest Territories, Nunavut and Quebec?  Yes  No
37. Does applicant ever sell or serve alcohol away from the premises?  Yes  No

**FULL DISCLOSURE**

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

### PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
(Principal, Partner or Officer)

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: \_\_\_\_\_ Agent's signature: \_\_\_\_\_  
(Required in Prince Edward Island and Saskatchewan)