



Mid Valley General Agency LLC
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CONVENIENCE STORE SUPPLEMENTAL APPLICATION
 (Include Acord application)

Applicant's Name _____ Agency Name _____
 Mailing Address _____ Agent _____
 _____ Address _____
 Location _____ E-Mail _____
 _____ Phone _____
 Web Site Address _____
 How long in business? _____ Under same management? _____

Receipts:

Liquor Sales	\$	Number of Employees:	Full-Time	Part-Time
Gas Sales	\$	Operating Hours:		
Other	\$	Days:		
Total	\$			

ATM on premises? Yes No Lottery machines? Yes No If yes, total sales: \$ _____
 LPG tank filling? Yes No By Employee or Customer? _____ LPG sales: \$ _____
 LPG tank swap? Yes No Are there protective barriers around the tanks? Yes No
 Any weapons or firearms on premises? Yes No Square footage of building: _____
 Is there any cooking or food preparation on premises? Yes No
 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 ducks? Yes No If yes, frequency of cleaning: _____
 Describe safety controls (emergency lighting, lighted exits, doors swing outwards): _____

Is liquor coverage in place? Yes No Percentage of annual liquor sales: _____ %
 Advise type of training of Owners, Managers, Employees: _____
 Liquor license held? Yes No Beer/Wine: _____ Liquor: _____
 Any tobacco sales? Yes No
 Are procedures displayed and followed to verify age of customers purchasing tobacco? Yes No
 Is gasoline sold? Yes No Number of pumps: Self Serve _____ Full Service _____
 Is coverage provided for gas products elsewhere? Yes No If yes, details of coverage: _____
 Is there a carwash on premises? Yes No If yes, describe: _____
 Any auto repair? Yes No If yes, describe: _____
 Is there a Central Station Burglar Alarm? Yes No
 Does the cashier have a panic button direct to policy or alarm company? Yes No
 Minimum number of cashiers/attendants on duty at any one time: _____
 Is there a surveillance camera on premises? Yes No
 Are there any security guards on premises? Yes No Number of: Unarmed _____ Armed _____
 Is there a habitational/apartment exposure? Yes No Number of units: _____
 Is there a drive up window? Yes No Have there been any health or safety violations? Yes No

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature _____ Producer's Signature _____ Date _____