



## Convenience Store Supplement

1) Describe any procedures in place in the event of a robbery:

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- a) Are employees instructed to show no resistance?
  - b) When are police contacted?
  - c) Is this a written policy?
  - d) Has the insured ever experienced a robbery attempt?

2) Describe the extent of lifting employees encounter during the working day:

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- a) Maximum weight lifted?
  - b) If over 20 lbs, are back braces required?
  - c) Is there a procedure in place for lifting? If so, is this a written procedure?

3) Hours of operation: \_\_\_\_\_

4) Does the insured have a central alarm system?       Yes    No

5) Does the insured have security cameras?       Yes    No

6) Are at least 2 employees on duty at all times?       Yes    No

7) Do the gasoline sales exceed 90% of receipts?       Yes    No

8) Description of products sold:

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9) Any delivery? If so, please provide details and radius? \_\_\_\_\_

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The applicant warrants and represents to the insurer that the information entered in this supplemental application is true and correct. The applicant acknowledges that the information presented herein is material to the decision of the insurance company to issue a policy, and that this issuance of a policy by the insurer is in reliance upon the sufficiency and accuracy of the information by the applicant in this supplemental application.

Authorized Representative: \_\_\_\_\_  
Print Name / Title

Signature: \_\_\_\_\_ Date: \_\_\_\_\_