

Chubb Agribusiness

SUPPLEMENTAL APPLICATION FOR CONVENIENCE STORE / GAS STATION

Applicant Name: _____ **Agent/Broker:** _____

1. List all Convenient Store/Gas Station locations

Location					
Hrs. of Operation					
Inside or Outside Surveillance Cameras?	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both <input type="checkbox"/> None
Car wash automatic or manual (wand/brush operated by customer?)	<input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> None	<input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> None	<input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> None	<input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> None	<input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> None
Any propane bottle exchange or bottle filling operations?	<input type="checkbox"/> Bottle Exch. <input type="checkbox"/> Bottle Fill <input type="checkbox"/> None	<input type="checkbox"/> Bottle Exch. <input type="checkbox"/> Bottle Fill <input type="checkbox"/> None	<input type="checkbox"/> Bottle Exch. <input type="checkbox"/> Bottle Fill <input type="checkbox"/> None	<input type="checkbox"/> Bottle Exch. <input type="checkbox"/> Bottle Fill <input type="checkbox"/> None	<input type="checkbox"/> Bottle Exch. <input type="checkbox"/> Bottle Fill <input type="checkbox"/> None
What is the average / max. amount of cash on the premises?	_____ Avg. _____ Max.	_____ Avg. _____ Max.	_____ Avg. _____ Max.	_____ Avg. _____ Max.	_____ Avg. _____ Max.
Are there any deep fat fryers for cooking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a thermostatic control with automatic shutoff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you contracted for cleaning of the hood, ducts and filters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of alcohol is sold?	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor

Attach pictures of the front and back of each location.

2. Have you made arrangements for the prompt removal of snow and ice? Yes No
 If yes, describe: _____

3. Are any firearms kept or brought on to the premises by you, your employees, or contracted labor? Yes No

**Chubb Agribusiness
Supplemental Application for Convenience Store / Gas Station**

4. Do you maintain showers and/or sleeping facilities? Yes No

If yes, describe: _____

5. Do you service or repair motor vehicle parts Yes No

If yes, complete the following:

Type of service / repair	Yes	No	Type of service / repair	Yes	No
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	Painting	<input type="checkbox"/>	<input type="checkbox"/>
Transmissions	<input type="checkbox"/>	<input type="checkbox"/>	Tire Mount / Balance / Repair	<input type="checkbox"/>	<input type="checkbox"/>
Steering	<input type="checkbox"/>	<input type="checkbox"/>	Tire Recapping / Retreading	<input type="checkbox"/>	<input type="checkbox"/>
Collision Repair	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you sell motor vehicles or motor vehicle parts? Yes No

If yes, complete the following

Type of service / repair	Yes	No	Type of service / repair	Yes	No
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	Painting	<input type="checkbox"/>	<input type="checkbox"/>
Transmissions	<input type="checkbox"/>	<input type="checkbox"/>	Tire Mount / Balance / Repair	<input type="checkbox"/>	<input type="checkbox"/>
Steering	<input type="checkbox"/>	<input type="checkbox"/>	Tire Recapping / Retreading	<input type="checkbox"/>	<input type="checkbox"/>
Collision Repair	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

7. Describe the measures used to reduce your exposure to crime (lock safes, frequency of deposits, etc.):
