



# Berkshire Hathaway Homestate Companies

## CONVENIENCE STORES *Supplemental Application*

1. Named Insured: \_\_\_\_\_
2. Hours of operations: \_\_\_\_\_ to \_\_\_\_\_
3. Total Sales: \$ \_\_\_\_\_ Percent Gas: \_\_\_\_\_ % Percent Liquor: \_\_\_\_\_ % Percent Lottery: \_\_\_\_\_ %
4. Cash handled daily: \$ \_\_\_\_\_ *Average* \$ \_\_\_\_\_ *Maximum*
5. Date of last parking lot resurfacing: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
6. Age of fuel tanks: \_\_\_\_\_ (if applicable)
7. Tanks are: *Above ground* *Underground*  
(circle one)
8. Number of pumps: \_\_\_\_\_
9. Frequency of police patrols: \_\_\_\_\_
10. Is there a central station alarm? *Yes* *No*  
(circle one)
11. What are the security features of the building?

- |   | <i>Yes</i>               | <i>No</i>                |   | <i>Yes</i>               | <i>No</i>                |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Adequate Lighting?   | <input type="checkbox"/> | <input type="checkbox"/> | 10. Is there any rental?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there a drop safe?  | <input type="checkbox"/> | <input type="checkbox"/> | 11. Does the insured sell propane of any type?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Firearms or other weapons on premises?   | <input type="checkbox"/> | <input type="checkbox"/> | 12. Any towing, gas delivery, repair, car wash operations at this business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there employee training procedures in place for handling shoplifting, robbery, or customer disturbances? | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |
| 5. Is there an employee checklist for slip and trip hazards (i.e. sidewalks, wet floors, etc.)?                 | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |
| 6. Does the insured allow any seasonal operations on the premises (i.e. fireworks, Christmas trees, etc.)?      | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |
| 7. Does the insured have posted "No Loitering" signs?   | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |
| 8. If there is an ATM on the premises, is the insured responsible for any monies?                               | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |
| 9. Is there a car wash facility?  | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |

***A picture of the front, back & parking lot area is mandatory with all submissions***