



UCA General Insurance Services, Inc.

Underwriter: _____

Broker: _____

Date: _____

Mini Mart Program Application

This application forms and becomes part of your policy.

INSURED

Named Insured: _____	Effective Date: _____
DBA: _____	Entity: _____
E-mail Address: _____	
Mailing Address: _____	
City: _____	State: _____ Zip code: _____
Location Address: _____	
City: _____	State: _____ Zip code: _____

PROPERTY

	Limit	Perils	Co-Ins.	Deductible	
Building:	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> EQ Sprinkler Leakage
Business Personal Property:	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> EQ Sprinkler Leakage
TIB:	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> EQ Sprinkler Leakage
Annual Gross Receipts:	\$ _____		ALS		
Signs:	\$ _____			\$ _____	

LIABILITY

General Liability:	\$ _____	<i>Occurrence/Aggregate</i>
Liquor Liability:	\$ _____	<i>Common Cause/Aggregate</i>
Fire Damage:	\$ _____	
Medical Expense:	\$ _____	
Hired & Non-Owned Auto:	\$ _____	
Umbrella	\$ _____	

COVERAGE AVAILABLE

	Limit	Deductible
Ordinance or Law:	\$ _____	
Employee Dishonesty (<i>Blanket Occ/Agg Limit</i>):	\$ _____	\$ _____
Theft, Disappearance & Destruction:	\$ _____	\$ _____
Accounts Receivable:	\$ _____	
Valuable Papers:	\$ _____	\$ _____
Other Coverages:		

ADDITIONAL INTERESTS

Additional Insured: _____
Loss Payee: _____
Mortgagee: _____

Person to contact for inspection:

Person to contact for inspection:		Applicant/Broker Signature	
Name: _____	Phone: _____	X	_____
Email: _____		Date:	_____

Application continues on page 2

@UCA General Insurance Services, Inc., Vers.03.2019LE

*As used in this questionnaire, "third party" means a written or oral demand, civil suit, or administrative, arbitration or criminal proceeding (regardless of its validity or outcome) brought by a third party concerning injury or damage arising out of the premises and/or operations for which applicant seeks insurance (No coverage for these and unknown claims/losses occurred prior to binding). Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud, is guilty of a crime and subject to civil fines, criminal penalties and confinement in prison. This application forms and becomes part of your insurance policy.

ADDITIONAL INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No Has the broker personally seen the risk?	Prior Policy Number: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Has coverage been cancelled/non-renewed?	Company Name: _____
<i>If yes, explain:</i>	Expiration Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Prior Losses? (3 yr. current valued loss runs must be provided)	Premium: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Have there been any claims (including EPLI), suits or complaints, or any pending claims against the insured, any executive, officer or owner?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Does the insured or any executive, officer or owner have knowledge or information of ANY (past or present) act, error or omission which could reasonably be expected to result in a claim, suit or complaint?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Does the insured utilize an employment handbook, website or written employment materials (such as anti-harassment or anti-discrimination policies) to advise employees of their rights to work free of harassment and discrimination in the workplace?	
<input type="checkbox"/> Yes <input type="checkbox"/> No In the past and/or upcoming 12 months combined, there has not been nor does the insured expect any layoffs or reductions in the workforce totaling more than 15% of the total employee count?	
How many employees does the insured have? _____	Full Time: _____ Part Time: _____

PROPERTY / OPERATIONS INFORMATION

<p>01. <input type="checkbox"/> Yes <input type="checkbox"/> No Any known evidence of MOLD damage?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Any unrepaired damage to the property?*</p> <p style="text-align: center;"><i>*If 'Yes', explain in detail in section below.</i></p> <p>02. Total building area: _____ Sq. Ft.</p> <p>Area occupied as mini mart: _____ Sq. Ft.</p> <p>Area occupied as restaurant/deli: _____ Sq. Ft.</p> <p>Other occupancies: _____ Sq. Ft.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Is the building a converted gas station?</p> <p>03. Age of building: _____</p> <p>Construction type: _____</p> <p>Roof type: _____</p> <p>Years in business at this location: _____</p> <p><i>If the property is 25 years of age or older, please answer the following questions to the best of your knowledge:</i></p> <p>04. Electrical</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Has the electrical system been updated, upgraded or replaced? If YES, when?</p> <p><input type="checkbox"/> Unsure</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Copper wiring?</p> <p><input type="checkbox"/> Unsure</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Is the property on circuit breakers?</p> <p><input type="checkbox"/> Unsure</p> <p>05. Plumbing</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Has the plumbing system been updated, upgraded or replaced? If YES, when?</p> <p><input type="checkbox"/> Unsure</p> <p>06. Roofing</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Has the roof been updated, upgraded or replaced? If YES, when?</p> <p><input type="checkbox"/> Unsure</p> <p>07. HVAC</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Has the HVAC system been updated, upgraded or replaced? If YES, when?</p> <p><input type="checkbox"/> Unsure</p> <p>08. Safety</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Fire sprinkler system?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Fire extinguishers on the premises?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Central station alarm?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Surveillance video camera?</p> <p>How often are bank deposits made? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does applicant engage in check cashing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Armored transportation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Service contracts for cooling/refrigeration/heating equipment/electronic doors and gates?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Are propane tanks/refrigeration equipment (compressors) in a portioned /fenced off area and free from any storage or debris?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Guard dog on premises?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Is a sweep log maintained?</p>	<p>09. Operations/Management</p> <p>Hours of Operation:</p> <table style="width:100%; text-align: center;"> <tr> <td>SU</td> <td>MO</td> <td>TU</td> <td>WE</td> <td>TH</td> <td>FR</td> <td>SA</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>Explain owners experience and years in business:</p> <p>_____</p> <p>_____</p> <p>Total annual receipts: \$ _____</p> <p>Total food receipts: \$ _____</p> <p>Total tobacco receipts: \$ _____</p> <p>Total alcohol receipts: \$ _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Customer ID checked for tobacco & alcohol?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Operate a propane tank exchange program?</p> <p>Propane sales – tank exchange: \$ _____</p> <p>Propane sales – other: \$ _____</p> <p>Total number of nozzles: _____</p> <p>Gallons of gas sold annually: _____</p> <p>Profit per gallon of gas: \$ _____</p> <p><i>(Pollution Liability Coverage certificate must be provided)</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Car wash on premises?</p> <p>Self-service or full service: _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Warning signs posted in the car wash area?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Restaurant or deli on premises?</p> <p><i>(if 'Yes', must submit restaurant application)</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Body shop/garage operations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Any owned tow trucks?</p> <p>10. Commercial Auto</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant own any commercial auto?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Commercial auto insurance in force?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Non-owned/Hired Auto liability provided by auto policy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant's employees use their personal auto for business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant require these employees to carry liability insurance?</p> <p>*NOTES:</p> <p>_____</p> <p>_____</p>	SU	MO	TU	WE	TH	FR	SA	_____	_____	_____	_____	_____	_____	_____
SU	MO	TU	WE	TH	FR	SA									
_____	_____	_____	_____	_____	_____	_____									