



Texas Specialty Underwriters, Inc.

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CONVENIENCE STORE PDQ SUPPLEMENTAL APPLICATION

Date: _____

Insured: _____ Location: _____

Address: _____

Please answer Yes or No to all questions unless otherwise indicated.

GENERAL INFORMATION

Receipts: Total: \$ _____ Total Employees: FT _____ PT _____
Liquor: \$ _____ Operating Hours: _____
Gas: \$ _____ Days: _____
Other: \$ _____ Gallons: _____

Any ATM on premises? _____ Any Lottery Machines? _____ If yes, sales: \$ _____
LPG Sales: \$ _____ LPG Tank filling? _____ LPG Tank Swap? _____
Any firearms on premise? _____ Square footage of building: _____
Describe safety controls (i.e. lighted exits, emergency lighting, doors swing outward) _____

Arms system? _____ If yes, frequency of service: _____
Hoods/Ducts? _____ If yes, frequency of cleaning: _____

LIQUOR & COOKING INFORMATION

Is Liquor Liability to be quoted through Colony Insurance? _____ If yes:
• Advise type of training of Owners, Managers, Employees: _____
• Liquor License Held: Beer/Wine _____ Liquor _____
Is there any cooking or food preparation on premises? _____ If Yes:
• Type of cooking: Microwave Oven _____ Pizza Oven _____ *Grill _____ *Fryer _____
• Deli _____ Salad Bar _____
• Other: _____

*Require automatic extinguishers and cleaning contracts

GASOLINE SALES AND OTHER AUTOMOBILE EXPOSURES

Number of pumps: Self service _____ Full service _____
Is coverage provided for the gas products elsewhere? _____
• If yes, details of coverage: _____
Is there a car wash on premises? _____ If yes, describe: _____
Any Auto Repair? _____ if yes, type: _____

THEFT & CRIME

If Theft Coverage or Crime coverage is requested, advise the following:
• Is there a Burglar Alarm? _____ If yes, type: _____
• Does the cashier have a panic button direct to the police or alarm company? _____
• Average amount of cash: \$ _____ Max. amount of cash or checks on premise: \$ _____
• Who is responsible for deposits & frequency of deposits? _____
• Do routes to the bank vary daily when making deposits? _____
• Is there a time lock safe on premise? _____ Time intervals: _____
• Minimum number of cashiers/attendants on duty at any one time: _____
• Is there a video camera on premise? _____
• Any Security Guards? _____ Number armed _____ Number unarmed _____

I hereby certify that all information is accurate to the best of my knowledge:

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____