



Dallas
P: (972) 789-1962
F: (972) 789-1967

Houston
P: (281) 759-4855
F: (281) 759-7245

hullandco-texas.com

Agent Name:
Agent Address:

Contact:
Phone #

Convenience Store Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other _____

Location #1 _____

Location #2 _____

Location #3 _____

GENERAL INFORMATION

1. Number of years in business? _____ If new venture, what is prior experience? _____

2. Total Gross Sales \$ _____

Liquor \$ _____

Gas \$ _____

Lottery Sales \$ _____

LPG Sales \$ _____

Other \$ _____

3. Total Employees Full Time _____ Part Time _____

4. Operating Hours _____ Number of Days Open _____

5. Is the store open 24 hours? ☐ Yes ☐ No

If yes, submit.

6. Any Firearms on premises? ☐ Yes ☐ No

If yes, give details _____

7. Square footage of building? _____

COOKING INFORMATION

Any cooking on premises? ☐ Yes ☐ No

If yes, type of cooking ☐ Microwave ☐ Pizza Oven ☐ *Grill ☐ *Fryer Other _____

*Is there an ansele system? ☐ Yes ☐ No

Hood and Ducts? ☐ Yes ☐ No

GASOLINE SALES AND AUTO SERVICE EXPOSURES

1. Number of pumps: _____ Total gallons sold per year: _____
2. Emergency automatic shutoff accessible to employees and customers? ☐ Yes ☐ No
3. Is there a car wash on premises? ☐ Yes ☐ No
If yes, describe _____
4. Any Auto Repair on premises? ☐ Yes ☐ No
If yes, describe _____

COMMERCIAL PROPERTY

(Please provide complete information for each insured location. Attach separate sheet, if necessary.)

BUILDING INFORMATION	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL SQ. FOOTAGE:			
PROTECTION CLASS:			
ALARM	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None
YEAR OF LATEST UPDATE	____ Roof ____ Plumbing ____ Wiring	____ Roof ____ Plumbing ____ Wiring	____ Roof ____ Plumbing ____ Wiring

LIMITS & COVERAGE ñ PROPERTY

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
BUILDING	____%	\$ ____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> Market Value (Submit)	\$ ____	\$ ____	\$ ____
BPP	____%	\$ ____			\$ ____	\$ ____	\$ ____
BUSINESS INCOME	____% or Monthly Limit \$ ____	\$ ____			\$ ____	\$ ____	\$ ____
SIGNS (DESCRIBE) _____					\$ ____	\$ ____	\$ ____
TOTAL LIMITS					\$ ____	\$ ____	\$ ____

ADJACENT EXPOSURES

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

CONTRIBUTING INSURANCE

NAME & ADDRESS OF COMPANY	% PARTICIPATION	LIMITS
<div></div>	—	—
<div></div>	—	—
<div></div>	—	—

LIMITS ñ GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS)	\$	
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	
PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION)	\$	
EACH OCCURRENCE	\$	
DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES)	\$	
MEDICAL EXPENSE (ANY ONE PERSON)	\$	

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
<div></div>		<input type="checkbox"/>	<input type="checkbox"/>
<div></div>		<input type="checkbox"/>	<input type="checkbox"/>
<div></div>		<input type="checkbox"/>	<input type="checkbox"/>

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

PRIOR CARRIER HISTORY & LOSS INFORMATION (Continued)**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature

Date

Applicant's Signature

Date

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.