

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

			General Agent Name	
	-			
Date:			Phone:	
			Fax:	
Insured:			Location:	
Address:				
Please answer)	<i>es</i> or <i>No</i> to all (questions unless other	wise indicated.	
GENERAL IN	FORMATION			
Receipts:	Total:	\$	Total Employees:	FT PT
	Liquor:	\$	Operating Hours:	
	Gas:	\$		
	Other:	\$		
Any ATM on prei	mises?	Any Lottery Mac	chines? If yes, sales: \$	
LPG Sales: \$? LPG Tank Swap?	
			btage of building:	
•		•	c	
Ansel system?		If yes, frequency of ser	rvice:	
-			eaning:	
LIQUOR & CO			5	
Is Liquor Liability	v to be auoted t	hrough Colony Insurance	ce? If ves	
			loyees: II yee.	
Liquor Licen			Liquor	
-	÷ .	paration on premises?		
	-		Pizza Oven *Grill	*Fryer
Deli	S	alad Bar	_	
Other:				
			s and cleaning contracts	
GASOLINE SAL	ES AND OTHE	ER AUTOMOBILE EXP		
Number of pump		service	Full service	
		s products elsewhere? _		
			escribe:	
		yes, type:		
		ition coverage available for	or Underground Storage Tanks. Ask	your Agent for a complete specialty
	F	application	n if this coverage is needed.	
THEFT & CRIM		orado is requested, adv	ise the following:	
 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 am	nount of cash: \$	Max. amo	ount of cash or checks on premise:	\$
 Who is resp 	onsible for depo	osits & frequency of dep	oosits?	
 Do routes to 	o the bank vary	daily when making depo	osits?	
Is there a tir	me lock safe on	premise?	Time intervals:	
Minimum nu	umper of cashie	rs/attendants on duty a	at any one time:	
 Is there a view Any Security 	ueu camera on	Number armod	Number unarmed	
 Any Security 				
I hereby certify	y that all infor	mation is accurate to	o the best of my knowledge:	
	-		,	
Applicant Signat	ure:			Date:
Producer:				Date: