

LAWRENCE EXCESS

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Convenience Store Liability Supplemental Application

THIS APPLICATION MUST BE EXECUTED BY THE APPLICANT, IF AN INDIVIDUAL, OR AN OFFICER OR AUTHORIZED REPRESENTATIVE OF THE APPLICANT'S COMPANY. ALL ANSWERS MUST BE COMPLETED.

This application is a supplement to the Garage Liability Application. This should only be completed if entity named on Garage Application owns and operates a Convenience Store at the premises location specified on Garage Application.

Is this an application for a quotation? Yes No Is this an application for a bound policy? Yes No
 If Yes, what is the Policy Number? _____

Corporate or Individual Name (Include DBA): _____

Mailing Address: _____

Premises Address: * _____

Telephone No.: () _____ Fax No.: () _____ Contact: _____

General Information

1. Total Number of Owners and Employees involved in Garage and Convenience Store Operations: _____
2. Of the total above, Number of Owners and Employees involved in Convenience Store Operations only: _____
3. Convenience Store square footage: _____
4. Hours of Operation – Days per week: _____ Days
5. Hours of Operation – Hours per day: _____ Hours
6. Sale of Food: Yes No
7. Food preparation on premises: Yes No
 If Yes, describe: _____
8. Sale of Alcoholic Beverages: Yes No
9. Annual Convenience Store Sales (including sale of food & beverages): **
 a. Annual Sales – Food: \$ _____
 b. Annual Sales – Alcoholic Beverages: \$ _____

Loss Experience & Previous Carrier Information Complete information below. Check box below if losses are included on **Garage Liability Application**. If no losses, indicate "no losses" under the **Amount Paid** column. Furnish loss information, whether or not covered by commercial insurance, for the past 3 years. Attach Loss Runs.

Year	Carrier	Policy Number	Premium	No. of Losses	Amount Paid	Amount Reserved
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$

Above losses are included on the **Garage Liability Application**.

* If multiple locations, complete a separate form for each.
 ** Exclude gasoline sales

EFFECTIVE DATE DESIRED: _____

COVERAGE IS NOT BINDING UNTIL SPECIFICALLY AUTHORIZED BY THE **INSURANCE COMPANY** AND THEN ONLY AS OF THE COMMENCEMENT DATE OF SAID AUTHORIZATION AND IN ACCORDANCE WITH ALL TERMS THEREOF, AND THE SAID APPLICANT HEREBY COVENANTS AND AGREES THAT THE FOREGOING STATEMENTS AND ANSWERS ARE A JUST, FULL AND TRUE EXPOSITION OF ALL THE FACTS AND CIRCUMSTANCES WITH REGARD TO THE RISK TO BE INSURED, INSOFAR AS THE SAME ARE KNOWN TO THE APPLICANT: AND THE SAME ARE HEREBY MADE THE BASIS AND A CONDITION OF THE INSURANCE, AND A WARRANTY ON THE PART OF THE INSURED.

WARNING

NEW JERSEY: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

ALL OTHER STATES: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD."

NEW YORK: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION."

_____ Name of Insured	_____ Name of Broker
_____ Signature of Insured	_____ Signature of Broker Licensee
_____ Date	_____ Date
_____ Title	_____ Address of Broker
	_____ ()
	_____ Broker's Phone Number
_____ Co-Broker's Name, Address and Phone Number	