



United States Liability Insurance Group
Convenience, Delicatessen and Grocery Stores Supplemental Application

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT

- | | Prohibited | Submit | Eligible |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|------------------------------|
| 1. Any prior claims?..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Annual sales over 3,000,000? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 3. A risk over 4,000 Sq. Ft..... | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 4. Alcohol sales greater than 25% of annual sales?..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. More than 4 apartment units? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Sales of gasoline over 75% of annual sales not including
Lottery ticket sales..... | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 7. Sales of propane tanks filled on premise?
(Filled off premises by others are eligible) | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 8. Any auto repair or car wash operation?..... | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 9. More than 6 arcade or video game machines? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 10. Any firearms on premise?..... | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 11. Are fireworks sold in or within 20 feet of insured property? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 12. Is all the electrical wiring on circuit breakers?..... | <input type="checkbox"/> No | | <input type="checkbox"/> Yes |
| 13. Does the electrical system have aluminum or knob & tube wiring? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 14. Has the business been in operation under the same
management for over 3 yrs? | <input type="checkbox"/> No | | <input type="checkbox"/> Yes |
| 15. Has the risk had any Health or Safety violations?..... | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 16. If cigarettes are sold, are procedures displayed and followed
on verifying the age of customers purchasing cigarettes? | <input type="checkbox"/> No | | <input type="checkbox"/> Yes |
| 17. If open after 12 am does the facility have all the following?
Surveillance cameras, central station hold up alarm,
2 or more employees on duty at all times, and adequate
exterior lighting. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 18. Is the property eligible according to United States Liability
Insurance Group Coastal Guidelines? | <input type="checkbox"/> No | | <input type="checkbox"/> Yes |
| 19. Any prior tax liens, bankruptcy or felony conviction? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 20. If commercial cooking exposure, is there a wet chemical
automatic extinguishing system in compliance with NFPA #96?..... | <input type="checkbox"/> No | | <input type="checkbox"/> Yes |
| 21. If commercial cooking exposure, are total property values
greater than \$500,000 in PC 1-8 or \$200,000 in PC 9-10?..... | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |

If questions 22-24 are Yes, Non-owned and Hired auto is NOT available.

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|-----------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| 22. Is there a delivery service now or one implemented at
any time in the future?..... | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 23. Does applicant own or lease on a long term basis any automobile?..... | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 24. Does applicant require its employees to use their personal
automobile to conduct the applicants business?..... | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 25. Hours of operation: <input type="checkbox"/> 24 hour or _____ | | | |
| 26. Vacancies in building. If yes, _____%..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Grocery Food sales (Do not include alcohol or lottery ticket sales)\$ _____

Prepared/Cooked Food sales None \$ _____

Alcohol beverage sales None \$ _____

Lottery Ticket sales None \$ _____

Fireworks Sales None \$ _____

Gallons of Gas sold None _____

Number of Apartment units None _____

Other _____

Submit means this account may not be eligible for this Businessowners Product.
 We can review a completed application for a Commercial Package policy.
 If prohibited, please decline the account.

Submit Details _____

Applicants Signature _____ **Date** _____