

TENNESSEE UNDERWRITERS INC.
140 4th Avenue South
Franklin, TN 37064

(615) 791-1400
(800) 365-0646
(615) 794-7115 fax

www.tnund.com
quotes@tnund.com

CONVENIENCE STORE APPLICATION

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 \$ _____

Describe:

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 ansel 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 – 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
_____	---	---
_____	---	---
_____	---	---

LIMITS – 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
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

