



Richmond National Insurance Company  
11013 West Broad Street, Suite 300  
Glen Allen, VA 23060

## CONVENIENCE STORE AND GAS STATION SUPPLEMENTAL APPLICATION

### I. INSTRUCTIONS

1. Completion of this application neither binds coverage nor guarantees that a quote or policy will be issued.
2. Requested coverage is not automatically provided. Read your quote carefully. The policy, if issued, will determine actual coverage.
3. All questions must be answered. If a question does not apply, write "N/A." If more space is needed, continue a separate sheet, and indicate the question number.
4. Some questions require supporting documentation. Provide all requested documentation with the fully completed application, signed, and dated by the owner, partner, or legal officer.

### II. APPLICANT INFORMATION

1. Name of entity to be listed as first Named Insured:

\_\_\_\_\_  Yes  No

2. Are any other entities or DBAs to be listed as Named Insured?  
a. If yes, please list: \_\_\_\_\_  
b. Do all entities have common ownership with the first Named Insured?  Yes  No

3. Years in operation under current ownership/management: \_\_\_\_\_

4. Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Contact for audits and/or inspections:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

6. Does the Applicant currently carry General Liability coverage?  Yes  No  
Effective Date: \_\_\_\_\_ Expiring Carrier: \_\_\_\_\_  
Expiring Premium: \_\_\_\_\_ Retroactive Date (if applicable): \_\_\_\_\_

7. Type of operations conducted by the Applicant (select all that apply):

<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Gas Station (Self-Service)	<input type="checkbox"/> Gas Station (Full-Service)
<input type="checkbox"/> Carwash (Self-Service)	<input type="checkbox"/> Carwash (Full-Service)	<input type="checkbox"/> Food Service
<input type="checkbox"/> Commercial LRO Space	<input type="checkbox"/> Automobile Maintenance	<input type="checkbox"/> Rentable Showers (Truck Stop)
<input type="checkbox"/> Other: _____		

### III. RATING EXPOSURE INFORMATION

8. List all applicable rating exposures:

Store Gross Sales: \$ \_\_\_\_\_

Annual Gallons of Gasoline: \_\_\_\_\_

Carwash Gross Sales: \$ \_\_\_\_\_

Food Service Gross Sales: \$ \_\_\_\_\_

\*\*Liquor Gross Sales: \$ \_\_\_\_\_

Total Square Footage: \_\_\_\_\_

Other: \_\_\_\_\_

*\*\*Please note that all requests for liquor liability need to be submitted to [GC@richmondnational.com](mailto:GC@richmondnational.com) along with a completed liquor liability supplemental application. Small Business General Casualty is not a market for liquor liability. \*\**

9. Does the Applicant lease any commercial retail space to other entities?

Yes  No

a. If yes, please describe: \_\_\_\_\_

### IV. PREMISES INFORMATION

**Location 1:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are there gasoline pumps at this location?  Yes  No

Does the interior of the building have a CCTV system?  Yes  No

Is there an automatic fuel shut-off system in place?  Yes  No  N/A

This location is:

Owned  Leased

**Location 2:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are there gasoline pumps at this location?  Yes  No

Does the interior of the building have a CCTV system?  Yes  No

Is there an automatic fuel shut-off system in place?  Yes  No  N/A

This location is:

Owned  Leased

**Location 3:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are there gasoline pumps at this location?  Yes  No

Does the interior of the building have a CCTV system?  Yes  No

Is there an automatic fuel shut-off system in place?  Yes  No  N/A

This location is:

Owned  Leased

## V. OPERATIONS – GENERAL

10. Hours of Operation:

The Applicant is a 24-hour operation.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open:							
Close:							

11. How many years has the Applicant operated this business? \_\_\_\_\_

12. Does the Applicant sell Gasoline?  Yes  No

a. If yes, describe the pump service:

Self Service Only  Full Service Only  Both Self & Full Service

b. If full service, are all employees properly trained on how to fill tanks?  Yes  No

c. If full service, are employees allowed to accept tips?  Yes  No

13. Are gas pumps protected by vehicle barrier stops?  Yes  No  N/A

14. Does the Applicant provide LPG (liquified petroleum gas) filling?  Yes  No

a. If yes, are employees trained in how to properly fill tanks?  Yes  No

b. Are customers allowed to fill their own tanks?  Yes  No

c. Does the Applicant offer tank swapping?  Yes  No

d. Are there protective barriers around the storage tank and filling area?  Yes  No

15. Is the Applicant now, or will they ever be a part of a franchise?  Yes  No

a. If yes, please provide the name of the franchise: \_\_\_\_\_

16. Does the Applicant sell any of the following products (select all that apply):

Marijuana  Hemp/CBD  Electronic Smoking Devices  E-Liquids

Pharmaceuticals  Tobacco  Butane Lighters or Refills  Fireworks

Knives  Automotive Components

## VI. OPERATIONS – RESTAURANT & FOOD SERVICE

N/A

17. What type of food service is offered?

Restaurant – With Table Service  Restaurant – Without Table Service  Delicatessen

Bakery  Limited/Quick-Service Only  Food Truck

Other: \_\_\_\_\_

18. What type of kitchen and cooking equipment is used by the Applicant (select all that apply)?

Deep Fryer  Oven  Grill  Broiler

Microwave  Pizza Over  Other: \_\_\_\_\_

19. Is all cooking equipment located beneath an approved hood or duct system?  Yes  No

20. Are hoods and ducts cleaned every six (6) months?  Yes  No

21. Is all cooking equipment protected by a UL 300 wet-chemical extinguishing system?  Yes  No

22. Are all gas equipment and electric deep fryers equipped with automatic fuel shut off?  Yes  No

23. Are manual pull fire extinguisher systems readily accessible and clearly identified?  Yes  No

## VII. OPERATIONS – CARWASH

N/A

24. What type of carwash is offered?

Self-Serve       Automatic Touchless       Automatic Conveyor  
 Other: \_\_\_\_\_

25. Do employees ever drive customer vehicles?

Yes  No

26. Is there a routine maintenance schedule in place for all equipment?

Yes  No

27. Are customers restricted from entering the wash tunnel on foot?

Yes  No

28. Are clear instructions and warnings via signage posted around the carwash?

Yes  No

29. Does the Applicant offer vacuum cleaners to customers?

Yes  No

## VIII. LOSS HISTORY

30. During the past five years, has the Applicant incurred any liability related claims?

Yes  No

a. If yes, please attach an explanation and supporting documentation.

31. During the past five years, has an insurer every cancelled or non-renewed similar insurance to the Applicant or has the Applicant's insurance ever been cancelled due to non-payment of premium or audit?

Yes  No

a. If yes, please attach an explanation and supporting documentation.

32. Is the Applicant aware of any occurrences, facts, circumstances, incidents, situations, damages, or accidents arising out of or related to your operations that may give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the Applicant?

Yes  No

a. If yes, please attach an explanation and supporting documentation.

33. Has the Applicant incurred a Liability claim that was not covered by insurance?

Yes  No

a. If yes, please attach an explanation and supporting documentation.

## IX. FRAUD WARNING

**General Fraud Warning:** 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.

### Applicant Notice to Applicants in:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	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.
California	Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Louisiana	Any person who knowingly presents a false or fraudulent claims 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.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	<p>Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.</p> <p>Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p>
New Mexico	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 civil fines and criminal penalties.
New York	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, 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 stated value of the claim for each such violation.
Ohio	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 false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Rhode Island	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.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia	It is a crime to knowingly provide false incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

West Virginia	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.
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## X. REPRESENTATION AND WARRANTY

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understand that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

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Name of Applicant: \_\_\_\_\_

Print name and title of the person authorized on behalf of the Applicant:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of person authorized to execute on behalf of the Applicant:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Name: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_