



Post Office Box 286 • Burlington, NC 27216-0286
1-800-334-5579 / Fax 336-584-8880
CRCTAPCO.com

**CONVENIENCE STORE
 COMMERCIAL PACKAGE APPLICATION**

ACCT ID: _____

Insured Name (as it should appear on the policy): _____
 (Please include any Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of names.)

Mailing Address: _____

Location of Risk: _____

Type of Risk/Occupancy: _____ Is the insured: Owner Tenant

Proposed Effective Date: From _____ To _____ Years in Business: _____

PROPERTY SECTION

Exposure	Amount Requested	Coinsurance %	Valuation/ACV/RCV	Deductible
Building #1	\$			\$
Business Personal Property #1	\$			\$
Building #2	\$			\$
Business Personal Property #2	\$			\$
Other	\$			\$

BUSINESS INTERRUPTION	Amount Requested	Coinsurance	OR	Monthly Limit of Indemnity
Business #1 (not gross sales):	\$	%	OR	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6
Business #2 (not gross sales):	\$	%	OR	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6

PERILS: Basic Broad Special **Excluding** Theft Special **Including** Theft (Central Station Alarm Required)

Central Station Burglar Alarm: Yes No Sprinklered: Yes No

WIND & HAIL DEDUCTIBLE: \$ _____ THEFT SUBLIMIT: \$ _____

CRIME: \$ _____ FOOD SPOILAGE: \$ _____

Construction: _____ Protection Class: _____ Square Footage: _____

Year Built: _____ No. Stories: _____ Fire Alarm: Yes No If yes, type: _____

Roof Type: Asphalt shingle Cedar/wood shake Metal Tile Other _____

Building updates (include year): Wiring? _____ Heating? _____ Plumbing? _____ Roof? _____

Cooking on premises: Yes No **If yes, please answer the following:**

Ansul System Yes No Service agreement in place: Yes No

Mortgagee or Loss Payee - Name/Address/Loan # if applicable: _____

GENERAL LIABILITY SECTION

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify) _____

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Damage to Premises Rented to You	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements	\$
	Deductible \$

Additional Insured (include Name/Address): _____

Interest of Additional Insured: _____

Describe all business operations conducted by applicant: _____

Number of years operating this type of business: _____

Number of gas pumps: _____

Operating hours: _____

Total gallons sold: _____

Number of days open each week: _____

Is there a car wash on premises? [] Yes [] No

Receipts: Grocery: \$ _____

If yes, describe _____

Gas: \$ _____

* Other: \$ _____

Any auto repair on premises: [] Yes [] No

Total: \$ _____

If yes, describe _____

*(If other, explain _____)

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? _____

If so, explain _____

CLASSIFICATION(S)/PREMIUM BASIS SCHEDULE				
Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.

POLICY PREMIUM	
Base	\$ _____
Fee	\$ _____
Tax	\$ _____
Total	\$ _____

PREVIOUS INSURER AND PRIOR LOSS INFORMATION

Has the insured or applicant had 3 years of prior coverage? [] Yes [] No

If yes, please complete the **Prior Insurer** information for the past 3 years below (Year, Insurance Company, Policy # and Premium).

Has the insured or applicant had any prior claims or losses in the last 3 years? [] Yes [] No

If yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

Year	Insurance Company	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at CRC TAPCO.

Applicant's Name (Please Print) _____ Date _____

Applicant's Signature _____ Applicant's Phone _____

Applicant's Email Address _____ Applicant's Alternate Phone _____

Agency _____

Agency Address _____

Agent's Signature _____ Agent's License Number _____

Agent's Phone # _____ Agent's Fax # _____

Agent's Email Address _____

FLORIDA FRAUD STATEMENT:

Section 817.234 (1)(b) "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

TENNESSEE / VIRGINIA FRAUD STATEMENT:

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.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.