

## COLONY SPECIALTY INSURANCE CONVENIENCE STORE SUPPLEMENTAL APPLICATION

eneral Agent Name	

Insured Name			Date:		
Address					
GENERAL INFOR	MATION				
Operating Hours: _					
Receipts:	Food: Liquor: Gas: Other: <b>TOTAL:</b>	\$ \$ \$ \$	Gallons of Gas:		
Any firearms on pro	emise? 🗌 Y	es 🗌 No Squa	Yes No LPG Tank Swap? Yes No		
Any risk under con	struction or r	enovation?  Yes []	No If "yes", PROHIBITED under this PDQ.		
LIQUOR & COOK	ING INFOR	MATION			
	=	through Colony Insurance wners, Managers, Employ	??		
Is there any cooking or food preparation on premises?   Yes No  Type of cooking equipment used: Grill Fryer Other:  Automatic Extinguishing system?  Yes No If yes, frequency of service:  Hoods/Ducts?  If yes, frequency of cleaning:					
GASOLINE SALES AND OTHER AUTOMOBILE EXPOSURES					
Is there a car wash Any Auto Repair?			scribe:		
Coverage is a	vailable. As	sk your agent for a con	ronmental) agents, Storage Tank Pollution Liability nplete application for Storage Tank Pollution Liability rward all applications to: <a href="mailto:env@colonyins.com">env@colonyins.com</a> .		
I hereby certify	that all ir	formation is accura	te to the best of my knowledge:		
Applicant Signatu	ıre:		Date:		
Producer:			Date:		