



CONVENIENCE STORE SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees:

| How many workers do they employ? | What are their ages? | What are their duties? | What are their experience levels? | What is their training? |
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2. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? ____ Yes ____ No. If no, explain _____

3. Is this a franchise operation? ____ Yes ____ No. If yes, please identify:

4. What are the hours of operation: ____ to ____

5. Do workers help delivery personnel unload merchandise or equipment? ____ Yes ____ No If so, are proper personal protective equipment utilized (such as hand trucks)?

6. What precautions are taken to avoid slips, falls and trips?

7. Does the insured have proper housekeeping during store hours?

8. Is a loaded firearm kept on the premises? ____ Yes ____ No

9. How are clerks or employees trained to deal with robbers?

10. Are clerks and employees discouraged from taking heroic measures during robbery attempts?

11. What preventive measures has the insured taken to reduce robbery attempts?