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### Convenience Store Multi-Location Application

1. First Name Insured: \_\_\_\_\_
2. C-Store Location Information

Loc. No.	Street Address	City	County	State	Zip Code
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

Limits of Insurance: Property

Loc. No.	Building Limit	BPP Limit (incl. TI)	Pumps Limit	Canopy Limit	Business Income	B.I. Monthly Limit	Constr. Class	PC
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								

GL Information

Loc. No.	# of Gas Pumps (MPD)	Grocery Receipts	Liquor Receipts	Restaurant Receipts	Car Wash Receipts	Repair Receipts	Other Receipts	Indicate if Insured does Cooking?
1								<input type="checkbox"/> Yes <input type="checkbox"/> No
2								<input type="checkbox"/> Yes <input type="checkbox"/> No
3								<input type="checkbox"/> Yes <input type="checkbox"/> No
4								<input type="checkbox"/> Yes <input type="checkbox"/> No
5								<input type="checkbox"/> Yes <input type="checkbox"/> No
6								<input type="checkbox"/> Yes <input type="checkbox"/> No
7								<input type="checkbox"/> Yes <input type="checkbox"/> No
8								<input type="checkbox"/> Yes <input type="checkbox"/> No
9								<input type="checkbox"/> Yes <input type="checkbox"/> No
10								<input type="checkbox"/> Yes <input type="checkbox"/> No
11								<input type="checkbox"/> Yes <input type="checkbox"/> No
12								<input type="checkbox"/> Yes <input type="checkbox"/> No
13								<input type="checkbox"/> Yes <input type="checkbox"/> No
14								<input type="checkbox"/> Yes <input type="checkbox"/> No
15								<input type="checkbox"/> Yes <input type="checkbox"/> No
16								<input type="checkbox"/> Yes <input type="checkbox"/> No
17								<input type="checkbox"/> Yes <input type="checkbox"/> No
18								<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the insured have any LP Tanks at any locations?

Yes  No

Does the insured do LP Exchange at any locations?

Yes  No

If yes, indicate the number of locations: \_\_\_\_\_

Prem. #	Bldg. Age	Roof	HVAC	Plumbing	Electrical	Sprinklered (Check One)	Fire Alarm* (L, P, CS)
1						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
2						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
3						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
4						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
5						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
6						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
7						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
8						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
9						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
10						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
11						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
12						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
13						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
14						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
15						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
16						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
17						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
18						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS

Do you lease space to others in any of the above locations:

Yes  No

If yes, please indicate which location, the square footage and the occupancy of each leased space:

\_\_\_\_\_

Please state any specific location information that would vary from location number 1 on the application including security information, liquor license violations, etc.: \_\_\_\_\_

In the event a policy is issued by the company based on this application, this application shall become a part of the policy and shall constitute a warranty. Included in the policy is an agreement that I will maintain the security and safeguards at my premises as I have indicated in this application. In the event the protection is not maintained and a loss occurs, coverage may not be provided. I have read the above and agree that to the best of the knowledge and belief it represents a true and complete statement.

**ALL RISKS, LTD.**

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THE BEST KNOWLEDGE ALL NFORMATION GIVEN IS TRUE AND ACCURATE.

\_\_\_\_\_  
Insured Name (type or print)                      Insured Signature                      Date

NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

\_\_\_\_\_  
Producer Name (Type or Print)                      Producer Signature                      Date                      License #