**YORK ALLIANCE INSURANCE BROKERS INC.**

Unit 5 – 50 Bur Oak Avenue, Markham, ON L6C 0A2

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# Convenience Store Questionnaire

|  |  |  |  |
| --- | --- | --- | --- |
| Insured: |  | Date: |  |
| Address: |  | Postal : |  |
| Occupancy: |  |
| Owner’s Name & Tel. No.: |  | Industry Experience: |  |
| Do You Own the Building: |  | Building Age: |  |
| 3 Years Claims: |  |
|  |  |
|  |  |
| Years in Business: |  |  |  |
|  |  |  |  |
| *Construction***:** | Walls: |  |  | Roof: |  |
| No. of Stories: |  | Sq. Ft.: |  | Basement:  |  |
| *Updated When:* | Wiring: |  | Heating: |  | Roof: |  | Plumbing: |  |
| Sprinklered:  |  | Occupancy Others: |  |
| Central Burglary Alarm: |  | With Who? |  |
| Boiler:  |  | Air Conditioning:  |  |
| Safe:  |  | Class? |  |
| Locked Cigarette Cabinet? |  |  |  |
| ATM Machine?  |  |  |  |
| Any Cooking of Heat Process on Premises? |  |
| (If YES, Explain) |  |
| Loss Payee (if any): |  |
| Annual Receipts:  |  | Effective Date Requested: |  |
| Previous Insurance Carrier:  | Policy Number:  |
|  |
| NOTE: A NEW QUESTIONNAIRE IS REQUIRED FOR EACH LOCAITON |