**YORK ALLIANCE INSURANCE BROKERS INC.**

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

Bus. 905.888.7900 Fax. 905.888.7901

# Convenience Store Questionnaire

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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: | | | | | | | | | | | | | | | | |
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| NOTE: A NEW QUESTIONNAIRE IS REQUIRED FOR EACH LOCAITON | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |