OKC Insurance Brokers
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(405) 509-9433 | OKCIB.com

Convenience Store Insurance Quote

Convenience store, gas station and food mart coverage: general liability, building and contents. These are the questions the carriers ask, so the more you answer, the faster we can quote.

Please print clearly, then email a scan or photo of every page to info@okcib.com or bring it to our office. Questions marked * are required. You can also fill this out online at okcib.com - just ask us for the link.

YOUR CONTACT INFORMATION

First Name * _____

Last Name * _____

Phone * _____

Email * _____

Date of Birth (needed to start your quote) * _____ MM / DD / YYYY

QUESTIONS

Legal Business Name * _____

Doing Business As / Store Name (if different) _____

Applicant is *

☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Joint Venture ☐ Other

Website _____

Store Location Address *
Street

City / State / ZIP

Is your mailing address the same as the store address? *

☐ Yes ☐ No

Only if "Is your mailing address the same as the store address?" = No:
Mailing Address *
Street

City / State / ZIP

Do you have a second store location to insure? *

☐ Yes ☐ No

Only if "Do you have a second store location to insure?" = Yes:
Second Location Address *
Street

City / State / ZIP

Who should the inspector contact? (name) *

Inspection contact phone *

How many years has this store been open? *

Total years of experience running convenience stores, this store and any others (minimum 2 years required) *

Prior experience in this business before this store (type N/A if none) *

Description of operations (what you sell, e.g. groceries, gas, beer, tobacco) *

Do you own or rent the store location? *

☐ Own ☐ Rent / Lease

Do you need property coverage (building, canopy, pumps, signs, inventory)? *

☐ Yes ☐ No

Only if "Do you need property coverage (building, canopy, pumps, signs, inve..." = Yes:

What do you need covered? (select all that apply) *

☐ Building ☐ Tenant improvements (build-out you paid for) ☐ Canopy ☐ Gas pumps and dispensers

☐ Outdoor signs (pole or wall) ☐ Contents: inventory, coolers, equipment, fixtures ☐ Other

Only if "What do you need covered? (select all that apply)" = Building:

Building replacement cost ($) *

Only if "What do you need covered? (select all that apply)" = tenant improvements:

Tenant improvements value ($) *

Only if "What do you need covered? (select all that apply)" = canopy:

Canopy value ($) *

Only if "What do you need covered? (select all that apply)" = pumps:

Gas pumps and dispensers value ($) *

Only if "What do you need covered? (select all that apply)" = signs:

Outdoor signs value ($) *

Only if "What do you need covered? (select all that apply)" = contents:

Contents value: inventory, coolers, equipment, fixtures ($) *

Only if "What do you need covered? (select all that apply)" = other:

Other property to cover, describe and value ($) *

Only if "Do you need property coverage (building, canopy, pumps, signs, inve..." = Yes:

Do you want Business Income (lost income if you have to close after a covered loss)? *

☐ Yes ☐ No ☐ Not sure

Total square footage of the building *

Only if "Do you own or rent the store location?" = Rent:

Square footage of your space (the area you lease) * _____

Year built * _____

Number of stories *

☐ 1 ☐ 2 ☐ 3 ☐ Other

Construction type *

☐ Frame ☐ Joisted Masonry ☐ Non-Combustible (metal) ☐ Masonry Non-Combustible ☐ Fire Resistive

☐ Not sure

Year the roof was last replaced * _____

Year the wiring was last updated * _____

Year the plumbing was last updated * _____

Year the HVAC was last updated * _____

Fire alarm *

☐ Central station monitored ☐ Local alarm only ☐ None

Burglar / theft alarm *

☐ Central station monitored ☐ Local alarm only ☐ None

What is next to the store (left, right, rear)? e.g. vacant lot, restaurant, strip center *

_____

Do you sell gasoline or diesel? *

☐ Yes ☐ No

Only if "Do you sell gasoline or diesel?" = Yes:

How many gas pumps (dispensers)? * _____

Only if "Do you sell gasoline or diesel?" = Yes:

Annual fuel sales ($) * _____

Only if "Do you sell gasoline or diesel?" = Yes:

Fuel gallons sold per year * _____

Only if "Do you sell gasoline or diesel?" = Yes:

Is there an emergency fuel shutoff that employees and customers can reach? *

☐ Yes ☐ No

Annual grocery / merchandise sales ($) * _____

Do you sell beer, wine or liquor? *

☐ Yes ☐ No

Only if "Do you sell beer, wine or liquor?" = Yes:

Annual beer, wine & liquor sales ($) * _____

Do you sell lottery? *

☐ Yes ☐ No

Only if "Do you sell lottery?" = Yes:

Annual lottery sales ($) * _____

Do you sell tobacco, cigarettes or vape products? *

☐ Yes ☐ No

Only if "Do you sell tobacco, cigarettes or vape products?" = Yes:

Annual tobacco and vape sales ($) * _____

Do you sell any of these? (select all that apply) *

☐ CBD products ☐ Kratom ☐ Delta 8, Delta 9 or other hemp THC products

☐ Synthetic cannabinoids (K2, spice) or synthetic THC ☐ None of these

Only if "Do you sell any of these? (select all that apply)" = CBD or Kratom or Delta or Synthetic:

Annual sales of CBD, kratom, Delta 8 or synthetic products ($) * _____

Only if "Do you sell any of these? (select all that apply)" = CBD or Kratom or Delta or Synthetic:

Which products and brands, and are they kept behind the counter? *

_____

_____

_____

Do you sell propane (LPG)? *

☐ Yes, tank exchange only ☐ Yes, we refill tanks ☐ Yes, both exchange and refill ☐ No

Only if "Do you sell propane (LPG)?" = yes:

Annual propane sales ($) * _____

Only if "Do you sell propane (LPG)?" = yes:

Propane gallons sold per year * _____

Only if "Do you sell propane (LPG)?" = refill:

Who fills the tanks? *

☐ Employee ☐ Customer ☐ Both

Only if "Do you sell propane (LPG)?" = yes:

Do all propane tanks and storage cages have a protective barrier (posts or bollards)? *

☐ Yes ☐ No

Other sales ($) and what they are _____

Total annual gross sales, all operations ($) * _____

Full-time employees * _____

Part-time employees * _____

Hours of operation (e.g. 6 AM to 11 PM, or 24 hours) * _____

Days open per week *

☐ 7 ☐ 6 ☐ 5 ☐ Other

Are any firearms kept on the premises? *

☐ Yes ☐ No

Only if "Are any firearms kept on the premises?" = Yes:

Firearm details (who carries it, where it is kept) *

_____

_____

_____

Any cooking or hot food on the premises? *

☐ Yes ☐ No

Only if "Any cooking or hot food on the premises?" = Yes:

Type of cooking (select all that apply) *

☐ Microwave only ☐ Roller hot dogs / warmer case ☐ Pizza oven ☐ Grill / griddle ☐ Fryer ☐ Other

Only if "Any cooking or hot food on the premises?" = Yes:

Annual hot food and deli sales ($) * _____

Do customers eat on site (tables, booths or counter seating)? *

☐ Yes ☐ No

Only if "Do customers eat on site (tables, booths or counter seating)?" = Yes:

How many seats? * _____

Only if "Type of cooking (select all that apply)" = Other:

Other cooking, describe * _____

Only if "Type of cooking (select all that apply)" = Grill or Fryer or Pizza:

Is there an Ansul (automatic fire suppression) system over the cooking? *

☐ Yes ☐ No

Only if "Type of cooking (select all that apply)" = Grill or Fryer or Pizza:

Do you have a contract for hood and duct cleaning? *

☐ Yes ☐ No

Only if "Do you have a contract for hood and duct cleaning?" = Yes:

How often is the hood cleaned? *

☐ Every 6 months ☐ Every 12 months ☐ Other

Is there a car wash on the premises? *

☐ Yes ☐ No

Only if "Is there a car wash on the premises?" = Yes:

Describe the car wash (automatic, self-serve, number of bays) * _____

Any auto repair on the premises? *

☐ Yes ☐ No

Only if "Any auto repair on the premises?" = Yes:

Describe the auto repair work * _____

General liability limits you want *

☐ $1M per occurrence / $2M aggregate ☐ $500K / $1M ☐ $2M / $4M ☐ Not sure, recommend one

Do you need a landlord, lender or anyone else listed on the policy? *

☐ Yes ☐ No

Only if "Do you need a landlord, lender or anyone else listed on the policy?" = Yes:

Name, address and relationship (landlord, mortgage company, etc.) *

_____

_____

_____

Do you have coverage on this store now? *

☐ Yes ☐ No

Only if "Do you have coverage on this store now?" = Yes:

Current carrier * _____

Only if "Do you have coverage on this store now?" = Yes:

When does your current policy expire? * _____ MM / DD / YYYY

Only if "Do you have coverage on this store now?" = Yes:

What are you paying now? *

In the past 3 years, has coverage been cancelled or non-renewed? *

☐ Yes ☐ No

Only if "In the past 3 years, has coverage been cancelled or non-renewed?" = Yes:

Please explain the cancellation or non-renewal *

Any claims or losses in the past 5 years? *

☐ Yes ☐ No

Only if "Any claims or losses in the past 5 years?" = Yes:

Loss details (date, type, what happened, amount paid) *

Upload your current dec page or loss runs (optional, speeds things up)

Please attach a copy with this form.

I confirm the answers above are true and complete to the best of my knowledge. Sending this form does not bind coverage; nothing is in force until confirmed in writing by OKC Insurance Brokers.

Signature

Date