



**Leo**  
Risk Services

Insured Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

**GENERAL INFORMATION**

Receipts: Total: \$ \_\_\_\_\_  
Liquor: \$ \_\_\_\_\_  
Gas: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

Operating Hours: \_\_\_\_\_

Number of Days Opened: \_\_\_\_\_

Is the store opened 24 hours? Yes  No

Any firearms on premises? Yes  No

If yes, prohibit.

Describe safety controls: e.g., security camera, panic alarms and alarms that are received at a central station:

\_\_\_\_\_

Square footage of building: \_\_\_\_\_

**COOKING HAZARDS**

Is any type of cooking or food preparation done on premises: Yes  No

Type of cooking equipment used: Grill \_\_\_\_\_ Fryer \_\_\_\_\_ Other \_\_\_\_\_

Automatic gas or electric shut-off for cooking with manual pull? Yes  No

Are hoods and ducts equipped with filters? Yes  No

Are filters cleaned at a MINIMUM of every six months? Yes  No

Are hoods and ducts cleaned at a MINIMUM of every six months? Yes  No

Are portable fire extinguishers mounted and accessible to cooking areas? Yes  No

Semi-annual service contract for auto extinguishing system? Yes  No

**GASOLINE SALES AND OTHER AUTOMOBILE EXPOSURES**

Number of pumps: \_\_\_\_\_

Total gallons sold per year: \_\_\_\_\_

Emergency automatic shut-off accessible to employees and customers? Yes  No

Is there a car wash on premises? Yes  No

If yes, describe: \_\_\_\_\_

Is there any auto repair on premises? Yes  No

If yes, separate supplemental application required.

I DECLARE THAT THE STATEMENTS IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

**FRAUD STATEMENTS**

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Refer to the Core Application for all Fraud Statements.

**SIGNATURES**

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Signature of Applicant Date

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Signature of Producing Agent Date

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Agent Name and Address