



## CONVENIENCE STORE QUESTIONNAIRE

Name: \_\_\_\_\_

FEIN/SSN: \_\_\_\_\_

Year's Experience: \_\_\_\_\_

	<u>YES</u>	<u>NO</u>	<u>Comments</u>
Is there always more than one employee on site after 9 pm?	[ ]	[ ]	_____
Any stores next to interstate highway exit ramps?	[ ]	[ ]	_____
Any stores in high crime areas?	[ ]	[ ]	_____
Do you have central station alarm systems?	[ ]	[ ]	_____
Do employees have emergency shut offs of pumps inside the stores?	[ ]	[ ]	_____
Do you have drop safes not accessible to employees during night time hours?	[ ]	[ ]	_____
Do employees call police before leaving to make deposits?	[ ]	[ ]	_____
Do employees put large bills in drop safe to keep amount of cash in drawer to a minimum?	[ ]	[ ]	_____
Are employees trained to handle robbery situations?	[ ]	[ ]	_____
Any loaded firearms on the premises?	[ ]	[ ]	_____
Are non slip mats used in cashier areas?	[ ]	[ ]	_____
Do employees have to stock in coolers or freezers?	[ ]	[ ]	_____
Are doors locked and customers served through a window after normal working hours?	[ ]	[ ]	_____
Have you been in business over 5 years?	[ ]	[ ]	_____
Have you had prior Workers' Compensation coverage?	[ ]	[ ]	_____
Do you have a drug free workplace program that includes post-accident testing?	[ ]	[ ]	_____
Do you use W-2's for employees?	[ ]	[ ]	_____
Do you use 1099's for employees?	[ ]	[ ]	_____
Are stores open 24 hours?	[ ]	[ ]	_____

**Signature of Applicant:** \_\_\_\_\_

**Name/Title/Date:** \_\_\_\_\_

**Signature of Agent/Date:** \_\_\_\_\_