

Store Supplemental Application

Named Insured:

Agent Name and Phone:

Effective Date:

Risk Control Contact Name:

Phone Number:

Account

1. What are the hours of operation?

2. Does the business have a website?

Yes No Unknown

Please provide URL:

Percentage of sales from the internet or e-commerce:

None less than 10% 10-25% 26-49% 50-74% 75% or more Unknown

Liability

3. Is there any security staff on the premises?

Yes No Unknown

(a) Are they: Employees Contractors Unknown

(b) Are they: Armed Unarmed Unknown

4. Is there any mixing, blending, repackaging or re-labeling under your company name?

Yes No Unknown

If yes, please describe:

5. Are there any directly imported products?

Yes No Unknown

What type of quality assurance program is in place?

Formal Informal No quality assurance program is needed Unknown

What percentage of inventory is imported?

under 10% 10%-25% 26%-49% 50% or more Unknown

6. Is there any assembly, installation, renting, leasing or repair of any products?

Yes No Unknown

Please describe:

(a) What % of revenue is from renting/leasing equipment?

under 10% 10%-25% 26%-40% 41% or more Unknown

7. Does the company sell any of the following (check those that apply):

Ammunition Automobiles Fireworks Unknown

Guns Heavy Equipment None of the above

8. Are there any delivery services?

Yes No Unknown

Please describe:

9. Is alcohol sold? Yes No Unknown
(a) What is the policy for identifying age of patrons to ensure they are of legal age for purchasing alcohol?

(b) If Liquor Legal Liability is requested, has application CX-1238 been completed?

No Request Yes No Unknown

10. Is food sold? Yes No Unknown

(a) What practices are in place to ensure proper storage and serving temperatures are maintained?

- Employee Training Formal policy
 Informal policy Hazard Analysis and Critical Control Point (HACCP) program
 Frequent inspection and monitoring Unknown
 Other Please Describe:

11. Are independent contractors hired to perform maintenance, repair, or other construction work? Yes No Unknown

- There is a standard written and signed contract between the business and the contractor. Unknown
 The contract requires the contractor to name the business as an additional insured for both operations and completed operations. Unknown
 The contractor must agree to indemnify and hold harmless the business. Unknown
 The contractor provides a certificate with proof that the contractor has Workers Compensation and General Liability insurance with limits at \$1 million/\$1 million minimum. Unknown

Property

12. Is there an automatic sprinkler system? Yes No Unknown

(a) What percent of the building is sprinklered?

90-100% 50-89% Less than 50% Unknown

(b) If less than 90% of the building is sprinklered, what portion is sprinklered?

(c) Age of sprinkler system:

less than 10 years 10-25 years 26-49 years 50 or more years Unknown

(d) Type of sprinkler system Wet Dry Other Unknown

Please Describe:

(e) Was sprinkler system designed for present occupancy? Yes No Unknown

(f) Is a subcontractor responsible for sprinkler system inspection, testing and maintenance?

Yes No, self-maintained Unknown

Name of subcontractor:

(g) How often is the sprinkler system maintenance and inspection performed?

Monthly Quarterly Semi Annually Annually Unknown

(h) Are sprinkler alarms installed? Yes No Unknown

Are they: Water Flow Valve Closure Unknown

13. Please check all types of protection at the premises:

- | | |
|---|---|
| <input type="checkbox"/> Local Alarm | <input type="checkbox"/> Central Station Alarm (constantly monitored) |
| <input type="checkbox"/> Burglar Alarm | <input type="checkbox"/> Full Perimeter Intrusion Alarm |
| <input type="checkbox"/> Heat Detection | <input type="checkbox"/> Motion Detection |
| <input type="checkbox"/> Fire Extinguisher(s) | <input type="checkbox"/> Smoke Detection |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other |

Please Describe:

14. What type of business continuance plan is in place?

- Formal Informal No plan is needed Unknown

15. Is there a Closed Circuit TV system?

- Yes No Unknown

(a) If yes, is it monitored 24 hours/day?

- Yes No Unknown

16. Are there any flammables, aerosols, propane or other chemicals stored on the premises?

- Yes No Unknown

Please Describe:

17. What is the square footage of your storage facility or warehouse?

18. If commercial cooking, is there a maintenance plan for the equipment:

- No Commercial Cooking Yes No Unknown

Additional Comments: