



Store

Supplemental Application

Named Insured: _____

Agent Name and Phone: _____ Effective Date: _____

1. Is there an automatic sprinkler system? Yes (if yes please answer questions (a)-(h)) No (if no please skip to question 2.)
 - (a) If yes, _____ % of the building is sprinklered?
 - (b) If less than 100% of the building is sprinklered, what portion is sprinklered? _____
 - (c) Age of sprinkler system: _____
 - (d) Type of sprinkler system Wet Dry Other (Describe) _____
 - (e) Was sprinkler installed for present occupancy? Unknown Yes No
 - (f) Name of company contracted to perform sprinkler system inspection, testing and maintenance. _____
 - (g) How often is the sprinkler system maintenance and inspection performed?

 Monthly Quarterly Semi Annually Annually
 - (h) Are sprinkler alarms installed? Yes No

If yes Water Flow Valve Closure
2. What types of alarms protect the premises?

<input type="checkbox"/> Local	<input type="checkbox"/> Smoke Detection
<input type="checkbox"/> Central Station (constantly monitored)	<input type="checkbox"/> Heat Detection
<input type="checkbox"/> Burglar	<input type="checkbox"/> Motion Detection
	<input type="checkbox"/> Other (Describe) _____
3. Is there a Closed Circuit TV system? Yes No
 - (a) If yes, is it monitored 24 hours/day? Yes No
4. Is there any security staff on the premises? Yes No
 - (a) Are they: Your Employees Contractors
 - (b) Are they: Armed Unarmed
5. What are your hours of operation? _____
6. Are there any flammables, aerosols, propane or other chemicals stored on the premises? Yes No

If yes, please describe: _____
7. What type of business continuance plan is in place?

 Formal Informal No plan is needed
8. Is there any mixing, blending, repackaging or re-labeling under your company name? Yes No

(a) If yes, please describe: _____
9. Do you directly import products? Yes No
 - (a) If yes, what type of quality assurance program is in place?

 Formal Informal No quality assurance program is needed
10. Does your company perform any assembly, installation, renting, leasing or repair of any products? If yes, please describe: Yes No

(a) What percentage of revenue is from renting/leasing equipment? _____ %
11. Does your company sell any of the following (Check those that apply):

<input type="checkbox"/> Ammunition	<input type="checkbox"/> Automobiles	<input type="checkbox"/> Fireworks
<input type="checkbox"/> Guns	<input type="checkbox"/> Heavy Equipment	
12. Does your company provide delivery services? If yes, please describe: Yes No

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

14. Is alcohol sold? Yes No
 (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
15. Is food sold? Yes No
 (a) What practices are in place to ensure proper storage and serving temperatures are maintained?
 Employee Training Formal policy
 Hazard Analysis and Critical Control Point (HACCP) program Informal policy
 Frequent inspection and monitoring _____ Other please describe
 (b) If commercial cooking, Do you have a maintenance plan for the equipment? No Commercial Cooking Yes No
16. Does insured ever hire an independent contractor to perform maintenance, repair, or other construction work? Yes No
 (a) If yes, is there a standard written and signed contract between the business owner and contractor? If yes, Yes No
 (b) Does contract require the contractor to name the business owner as an additional insured for both operations and completed operations? Yes No
 (c) Does the contractor agree to indemnify and hold harmless the business owner? Yes No
 (d) Has the contractor provided a certificate with proof that the contractor has Workers Compensation and General Liability insurance with limits at \$1 million/\$1 million minimum? Yes No
17. Do you have a website? Yes No
 If yes, please provide URL: _____
 (a) Percentage of sales from the internet or e-commerce? _____ %