



Wholesalers Pac Plus

Supplemental Application

Named Insured: \_\_\_\_\_

Agent Name and Phone: \_\_\_\_\_ Effective Date: \_\_\_\_\_

- 1. Is there an automatic sprinkler system?
(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
(e) Was sprinkler installed for present occupancy?
(f) Name of company contracted to perform sprinkler system inspection, testing and maintenance.
(g) How often is the sprinkler system maintenance and inspection performed?
(h) Are sprinkler alarms installed?
2. What types of alarms protect the premises?
3. Describe the principal products or commodities stored:
4. Do you have a peak season?
5. Do you have a single source (or small numbers of) suppliers or customers?
6. Are any locations on the application unoccupied?
7. Do you store Flammable or Combustible Liquids or Gases?
8. Do you store Chemicals - Oxidizers, Acids, Bases, or Pesticides?

9. **If #7 or #8 is answered yes**, are all materials:
- (a) Stored outside at least 20 feet from the building  Yes  No
  - (b) Stored inside the building in a dedicated non-combustible, fire rated room  Yes  No
  - (c) Stored with general storage, inside UL Listed/FM Approved flammable liquid storage cabinets?  Yes  No
  - (d) Other, please describe \_\_\_\_\_
10. Square footage of the warehouse: \_\_\_\_\_ Square Feet
- (a) What is the maximum height of storage: \_\_\_\_\_ Feet high
  - (b) Is solid shelving used in rack storage?  N/A  Yes  No
11. Do you directly import any products, including component parts? If yes, please describe: \_\_\_\_\_  Yes  No
12. Has any product been self-insured, uninsured or excluded from any previous coverage? If yes, please describe: \_\_\_\_\_  Yes  No
13. Do you have a product recall program to withdraw known or suspected defective products?  Yes  No
14. Do you ever develop plans, designs, or specifications of products(s) for others?  Yes  No
15. Percentage of your receipts coming from installation, service, repair, modification, or alteration of your products? \_\_\_\_\_ %
16. Do others manufacture, assemble, package, or install products under your name or label (including any foreign-made products)? If yes, please describe: \_\_\_\_\_  Yes  No
17. Do you ever design, service, repair, or rebuild products which you do not distribute?  Yes  No
18. Do you ever have goods shipped directly from manufacturer to customers without taking possession?  Yes  No
19. Do you attach your own label to the product prior to delivery?  Yes  No
20. Do you assemble, modify or repackage products before delivery? If yes, please describe: \_\_\_\_\_  Yes  No
21. Do you ever demo products? If yes, describe: \_\_\_\_\_  Yes  No
22. Do you have Vendors Coverage from your suppliers? If yes, please describe: \_\_\_\_\_  Yes  No
23. 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?  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
24. If there are retail establishments, have you completed the Store Supplemental Application?  N/A  Yes  No
25. Do you have a website?  Yes  No
- If yes, please provide URL: \_\_\_\_\_
- (a) Percentage of sales is from the internet or e-commerce: \_\_\_\_\_ %