

Complete A Supplemental Application For Each Location

Insured Information

Insured Name:

Policy Effective Date:	Contact:	Phone:	
Inspection Contact:	Inspection Contact Phone:	Inspection Contact Email:	
Location Address:	City:	State:	Zip:

1. During the past five years any filings regarding bankruptcy, foreclosure, or receivership? Yes No

Location Information

- 1. Retail operations or permits customers on premises? Yes No
- 2. Any operations as a merchandise liquidation facility? Yes No
- 3. Any sales or distribution of used, salvaged, antique, memorabilia, or other collectible items? Yes No
- 4. Any sales or distribution of goods from manufacturers that do not maintain Products/Completed Operations Liability limits of at least \$1M/\$2M and name the insured as an additional insured? Yes No
- 5. Any operations involving designing, altering, assembling, enhancing, repackaging, labeling, or relabeling of products? Yes No
- 6. Warehousing or storage of goods?
If Yes – Maximum storage height does not exceed 15 feet. In addition, storage racks are positioned a minimum of 18 inches below overhead sprinklers at their highest level? Yes No
- 7. Forklifts or other mobile equipment used to handle goods?
If Yes – Employees or subcontractors handling the equipment are fully trained, and customers or other 3rd parties are prohibited from entering areas where mobile equipment is being operated. In addition, all mobile equipment is equipped with alarms for backing up, etc? Yes No
- 8. Demolition scheduled or contemplated? Yes No
- 9. Sprinkler covering 100% of the building? Yes No
- 10. Any Exterior Insulation Finishing System (EIPS)?
If Yes _____ % Yes No
- 11. Marijuana sales, distribution, or growing? Yes No
- 12. Imports products directly from foreign countries? Yes No
- 13. Freight forwarding operations? Yes No
- 14. Any sales, distribution or storage of fireworks, pyrotechnics, firearms or any other weapons? Yes No
- 15. Any handling of raw materials, oil & gas, chemicals, or other flammable or combustible items (other than common household items)? Yes No
- 16. Rental of equipment to others? Yes No
- 17. Any pick up or drop off of goods offsite?
If Yes – The Insured does not stock shelves or setup and merchandise displays on customer premises. In addition the Insured does not make deliveries via the same entrance/exit used by customers or other 3rd parties? Yes No

18. Subcontractors? Yes No
 If Yes – The Insured has a written contract in place for all services and is named as an additional insured on the subcontractor's General Liability policy. In addition the subcontractor carries a minimum of \$1M/\$2M General Liability limits and the insured obtains certificates of insurance? Yes No
19. Builder's Risk exposure? Yes No
20. No smoking policy on premises? Yes No
21. Any knob and tube, fuses, aluminum wiring, and/or Federal Pacific Breakers? Yes No
22. All electrical wiring on circuit breakers with a minimum of 100AMP service? Yes No
23. All plumbing PVC or Copper? Yes No
24. Any cold storage? Yes No

Other Exposures

Describe any other exposures:

Signatures

I have reviewed this application for accuracy before signing it. As a condition for coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated.

Applicant's Signature:	Date:
Applicant's Name (Please Print):	Title:
Producer's Signature:	Date:
Producer's Name (Please Print):	Title: