

## GROCERY AND SUPERMARKET GENERAL LIABILITY SUPPLEMENTAL APPLICATION

Applicant's Name:	Agency Name: Agency Location:
Applicant Mailing Address:	Agent Name:
Location Address:	Applicant's E-mail Address:
Applicant Website Address:	Applicant's Phone:
<b>PROPOSED EFFECTIVE DATE: FROM _____ TO _____ 12:01 A.M., Standard Time at the address of the applicant</b>	

<b>Applicant is:</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (Specify)
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<b>1.</b>	<b>CLASSIFICATION OF RISK</b>	
	<input type="checkbox"/> Convenience Store <input type="checkbox"/> Dairy Products – Butter and eggs <input type="checkbox"/> For Profit <input type="checkbox"/> Not for profit <input type="checkbox"/> Drugstore – NOC <input type="checkbox"/> Drugstore – No table or counter service	<input type="checkbox"/> Grocery Store - NOC <input type="checkbox"/> Meat, fish, poultry or seafood stores <input type="checkbox"/> Stores Food or Drink <input type="checkbox"/> For profit <input type="checkbox"/> Not for profit <input type="checkbox"/> Supermarkets

<b>2.</b>	<b>ANNUAL GROSS SALES</b>	
<b>a.</b>	\$	<b>Alcohol sales</b> Liquor Liability Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No Carrier Limits Policy Period:
<b>b.</b>	\$	<b>Food Sales</b>
<b>c.</b>	\$	<b>Fuel Sales</b>
<b>d.</b>	\$	<b>Pharmacy Sales</b>
<b>e.</b>	\$	<b>TOTAL SALES</b>

<b>3.</b>	<b>APPLICANT INFORMATION</b>	
<b>a.</b>	Years in business	
<b>b.</b>	Number of locations	
<b>c.</b>	Store Hours Monday to	

	Tuesday to Wednesday to Thursday to Friday to Saturday to Sunday to	
d.	Does applicant have a chain affiliation? If yes, with whom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Is applicant:	<input type="checkbox"/> Building owner <input type="checkbox"/> Tenant
f.	Does applicant have other business ventures for which coverage is not requested? If yes, please describe	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Number of Employees	Full time Part time
h.	Are Employees identified by uniform and/or badge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i.	Square feet - interior	
j.	Any areas leased or rented to others? If yes: To whom is it rented? For what purpose? Square feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>4.</b>	<b>SECURITY</b> Check all that apply	
	<input type="checkbox"/> Burglar alarm system -Central Station <input type="checkbox"/> Burglar alarm system -Local Gong <input type="checkbox"/> Night shift employees always scheduled in pairs or more <input type="checkbox"/> Parking Lot Square feet Condition <input type="checkbox"/> Well lit <input type="checkbox"/> Patrolled -if checked by whom	<input type="checkbox"/> Security camera <input type="checkbox"/> Security Guards Number employed Number armed Number unarmed Number contracted Number armed Number unarmed

<b>5.</b>	<b>FEATURES</b> Check all that apply	
a.	<input type="checkbox"/> Automatic Teller Machine <input type="checkbox"/> Bakery Department <input type="checkbox"/> Butcher/Meat Department <input type="checkbox"/> Deli Counter	<input type="checkbox"/> Food Court or Restaurant <input type="checkbox"/> Salad Bar <input type="checkbox"/> "sneeze guards" provided <input type="checkbox"/> Sale of food prepared on the premises

b.	<input type="checkbox"/> Drugstore/Pharmacy Operated by vendor? If yes, is Certificate naming applicant additional insured provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
c.	<input type="checkbox"/> Goods sold under own label If checked, describe	
d.	<input type="checkbox"/> Sale of raw milk - <b>PROHIBITED</b>	

6.	<b>INTERIOR</b>	
	<b>Check all that apply</b>	
	<input type="checkbox"/> "Caution Wet Floor" signs used <input type="checkbox"/> Mats and runners <input type="checkbox"/> At entrances <input type="checkbox"/> In produce aisles	<input type="checkbox"/> Refrigeration maintenance agreement If checked, name of contractor <input type="checkbox"/> Spills cleared immediately <input type="checkbox"/> Sweep logs in place

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award pay-able from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic

communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

APPLICANT NAME:	APPLICANT TITLE:
APPLICANT'S SIGNATURE  _____ (must be signed by an active owner, partner or executive officer)	DATE:
PRODUCER'S SIGNATURE:  _____	DATE:

**IMPORTANT NOTICE**

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.