

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Supplemental Application
For
Supermarkets

Applicant's Name: _____
Location Address: _____
Location No.: _____
Applicant's web site address: _____

A. GENERAL

1. Is applicant building owner or tenant? Owner Tenant
2. Is applicant part of a chain operation? Yes No
3. Gross sales – Annual: \$ _____
4. Square feet – Interior: _____
5. Year location was: Acquired _____ Built _____
6. Number of employees: Full-Time _____ Part-Time _____
7. For any building over 15 years old, please provide the following: Year updated _____ Roof
Year updated _____ Electrical
Year updated _____ Plumbing
8. Does applicant lease any part of premises to another business operation? Yes No
If yes, how much and to whom? _____
9. Can employees be identified by badge or uniform? Yes No

B. FEATURES

1. Is there an Automatic Teller Machine? Yes No
2. Is there a Pharmacy Department? Yes No
3. Is there a Butcher/Meat Department? Yes No
4. Is there a Deli Counter? Yes No
5. Is there a Bakery Department? Yes No
6. Is there a Food Court or Restaurant? Yes No
7. Is there a Salad Bar? Yes No
Are "sneeze guards" provided? Yes No
8. Is Liquor Liability coverage in place? Yes No
Carrier _____ Limits _____ Policy Period _____
9. Are alcoholic beverages sold? Yes No
10. Does applicant sell food prepared on the premises? Yes No
11. Does applicant sell goods under own label? Yes No
12. What are the store hours? Mon. _____ Tues. _____ Wed. _____
Thurs. _____ Fri. _____ Sat. _____ Sun. _____

C. INTERIOR

- 1. Housekeeping, maintenance and repair? Excellent Good Needs Work
- 2. Sweep logs in place? Yes No
- 3. Mats and runners at Entrances? Yes No
 - In Produce aisles? Yes No
 - Flat, level, not curled or frayed? Yes No
- 4. Aisles clear, regularly checked? Yes No
- 5. "Caution – Wet Floor" signs used when and where needed? Yes No
- 6. Are spills cleared immediately? Yes No

D. FIRE, REFRIGERATION, and SECURITY SYSTEMS

- 1. Fire alarm system used? Yes No
 - Central station? Yes No
 - Local gong? Yes No
 - Is there a maintenance contract and agreement? Yes No
 - Name of fire alarm system maintenance contractor? _____
 - Frequency of inspection/repair? _____
- 2. Are premises fully sprinklered? Yes No
 - Is there a sprinkler maintenance contract and agreement? Yes No
 - If yes, name of sprinkler maintenance contractor? _____
 - Frequency of inspection/repair? _____
- 3. Is there a refrigeration maintenance contract and agreement? Yes No
 - If yes, name of refrigeration maintenance contractor? _____
 - Frequency of inspection/repair? _____
- 4. Security guards employed? Yes No
 - Contracted? Yes No
 - Armed? Yes No
- 5. Security cameras used? Yes No
- 6. Are night-shift workers always scheduled in pairs or more? Yes No
- 7. Burglar alarm system used? Yes No
 - Central station? Yes No
 - Local gong? Yes No

E. EXTERIOR

- 1. Parking lot area square feet? _____ Number of spaces? _____
 - Condition? Excellent Good/Average Needs Work
- 2. Snow and ice removal? By Applicant By Contractor Get Certificate? Yes No
- 3. Are sidewalks and parking areas well illuminated at night? Yes No
- 4. Are "No Loitering" signs posted? Yes No
- 5. Are dumpsters and trash compactors fenced? Yes No

Applicant's Signature

Date

Title

Producing Agent