

**Grocery-Convenience Store
Property Supplemental Application**



Account Name:	Policy Number:
Location Address:	

Prior to quoting, this application must accompany the Acord application and photos for any location(s) with one or more of the following risk characteristics. Please complete all sections, marking N/A if not applicable.

<input type="checkbox"/> Buildings older than 25 years	<input type="checkbox"/> Grease cooking (if built prior to 1998)
<input type="checkbox"/> Buildings located in a Protection Class 9	<input type="checkbox"/> Sales per square foot less than \$200
<input type="checkbox"/> Incinerator on premises	<input type="checkbox"/> Habitation or non-grocery risks on premises

1. Required for All Locations:	YES	NO
a) Is smoking confined to break rooms and designated outside areas with proper metal/non-flammable ashtrays?.....	<input type="checkbox"/>	<input type="checkbox"/>
b) Are there any permanent fixtures, equipment, or coolers powered by extension cords?	<input type="checkbox"/>	<input type="checkbox"/>
c) Are any portions of the premises vacant?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, provide total square feet and length of vacancy: _____ sq. ft.</i>		
d) Are fire extinguishers mounted, accessible, charged, and serviced annually?.....	<input type="checkbox"/>	<input type="checkbox"/>
Number of extinguishers: _____		
e) Is there any burning on premises (interior/exterior)?.....	<input type="checkbox"/>	<input type="checkbox"/>
<i>If Yes, elaborate: _____</i>		

2. Buildings Older than 25 Years		
Original Year Built: _____	YES / YEAR	NO
a) Has electrical been updated in last 25 years?	<input type="checkbox"/> _____	<input type="checkbox"/>
b) Has additional capacity been added from the outside?	<input type="checkbox"/> _____	<input type="checkbox"/>
c) Have new breaker boxes and wiring been added?	<input type="checkbox"/> _____	<input type="checkbox"/>
d) Has the plumbing been updated in the last 25 years?	<input type="checkbox"/> _____	<input type="checkbox"/>
e) Has the roof been updated in the last 25 years?	<input type="checkbox"/> _____	<input type="checkbox"/>
f) Has the heating/cooling system been updated in the last 25 years?	<input type="checkbox"/> _____	<input type="checkbox"/>
Please describe the extent of all updates: _____		

3. Grease Cooking	YES	NO
a) Is there a UL300 compliant fire suppression system in place over all cooking areas?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If 'No,' please describe the fire suppression equipment below.*</i>		
b) Is the system serviced twice a year on a contracted basis?	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Please attach copy of last service report.)</i> Date of last service: ____/____/____		
d) Is there a Class K (wet chemical) fire extinguisher in all cooking areas?.....	<input type="checkbox"/>	<input type="checkbox"/>
e) Is there a contracted cleaning program established for the hood and ventilation system and flues?	<input type="checkbox"/>	<input type="checkbox"/>
Number of times flues cleaned per year: ____/Year Date of last professional cleaning: ____/____/____		
Number of times the filters/screens cleaned per month: ____/Month		
*Please list the cooking appliances in place (including smokers) & type of fire suppression system [if 'No' on a)] above: _____		

4. Compressor (required for all locations)	YES NO
a) Are there doors and covers on the compressor electrical boxes and switches?.....	<input type="checkbox"/> <input type="checkbox"/>
b) Is there dust and oil build on the compressors, switches, and electrical boxes?	<input type="checkbox"/> <input type="checkbox"/>
c) Is there a preventative maintenance program in place?.....	<input type="checkbox"/> <input type="checkbox"/>
Number of service visits per year: ____/Year Name of the maintenance company: _____	

5. Stores Located in a Protection Class 9	YES NO
a) Is there a full-time fire department?	<input type="checkbox"/> <input type="checkbox"/>
b) Does the store contract with a privately owned fire department for fire protection services?	<input type="checkbox"/> <input type="checkbox"/>
c) Is there a private water source?.....	<input type="checkbox"/> <input type="checkbox"/>
<i>If Yes, elaborate:</i> _____	

6. Sales Per Square Foot Less than \$200	YES NO
a) Are there any large amounts of space dedicated to the non-retail area or other occupancies?	<input type="checkbox"/> <input type="checkbox"/>
<i>If 'Yes,' what is the square footage of non-retail space? _____ sq. ft</i>	
b) Length of time in business at this location: ____ years ____ months	
c) Does the insured own the building?	<input type="checkbox"/> <input type="checkbox"/>
d) Are there competing retailers within five miles of the store?.....	<input type="checkbox"/> <input type="checkbox"/>

7. Habitation/Non-Grocery Exposure	Photo Required	YES NO
a) Is there any habitation on the premises?.....		<input type="checkbox"/> <input type="checkbox"/>
b) Are there any non-grocery occupancies on the premises?		<input type="checkbox"/> <input type="checkbox"/>
Please describe the exposure (include square footage and occupancy): _____		

8. Incinerator on Premises	Photo Required	YES NO
a) Is the incinerator in good working condition and maintained?.....		<input type="checkbox"/> <input type="checkbox"/>
b) Has it been decommissioned?.....		<input type="checkbox"/> <input type="checkbox"/>
c) Are there any holes in the incinerator?		<input type="checkbox"/> <input type="checkbox"/>
d) Does the incinerator door close with a good seal?		<input type="checkbox"/> <input type="checkbox"/>
e) Is there a spark-arrestor on top of the chimney?		<input type="checkbox"/> <input type="checkbox"/>
f) Are there automatic and manual shut-off devices for the fuel supply?.....		<input type="checkbox"/> <input type="checkbox"/>
g) Is there a ten-foot safety zone established around the incinerator where nothing should be placed?.....		<input type="checkbox"/> <input type="checkbox"/>
h) Has a fire department authority inspected the incinerator within the last year?		<input type="checkbox"/> <input type="checkbox"/>
i) Is the inside of the chimney cleaned annually by a contractor?		<input type="checkbox"/> <input type="checkbox"/>

Agency Name: _____

Agent Completing Application: _____ Date: _____