



IWA FOOD SUPPLEMENTAL APPLICATION

PLEASE ATTACH THE FOLLOWING INFORMATION TO THIS APPLICATION:

- Acord Applications including a schedule of Named Insured and operation associated with each (including LRO)
- Statement of Values (Including Construction Type, Year of Construction, Square Footage & Sprinkler Percentage)
- Schedule of Vehicles (Including Vehicle Cost New & Class Code)
- Currently Valued Loss Runs (Previous **Four** Years & Current Year)

**A completed supplemental is required for each location; unless location differences are noted below.*

General:

Is the current policy active and not in the process of being cancelled or non-renewed? _____

Number of years in operation? _____

Provide operating hours? Any 24 hour operations? _____

Who is responsible for parking lot and sidewalk cleaning and maintenance? _____

If a third party, are hold harmless, additional insured status and certificates of insurance for GL, AL and WC required and held on file? _____

Are security cameras or any other security measures in place? Inside store (Y/N), Outside store (Y/N) Other _____

Any concession operations? _____

Are there any stores with gasoline sales? If so, provide % of sales. _____

Any catering operations? If so, provide % of sales. _____

Is there an on premises eating area? If so, what is the seating capacity and sales? _____

Any athletic or special events sponsored? _____

Is this a seasonal operation? Closed for more than 30 consecutive days in a given year? _____

Any delivery services? If so explain. _____

Any insured private label products? If so, provide % of sales. _____

Any business operations other than retail grocer? _____

Total number of employees (FT/PT) _____

Are employees formally trained in Heimlich maneuvers? _____

Any Board of Health citations? _____

Is there a written loss prevention policy in place? (PROVIDE DETAILS ON POLICIES if "YES") _____

Spill Monitoring policy (Y/N) _____

Employee training (Y/N) _____

Safety Meetings (Y/N) _____

Other _____

Liquor:

Does the insured sell liquor? If so, provide % of sales. _____

Is the liquor license in the name of the first named insured? _____

Does the insured have current liquor liability coverage? If yes, provide limit. _____

Any liquor law violations in the past 5 years? _____

Any off premises liquor sales? _____

Is there a written and active alcohol awareness program? Please explain including frequency of training. _____

Property:

Has the roof been replaced or resurfaced within the last 25 years? _____

Are all electrical and HVAC equipment up to code and serviced by a licensed contractor? _____

If HVAC system is older than 25 years has it been inspected by a licensed contractor? _____

If electrical system is over 25 years in age has it been recently inspected by a licensed electrical contractor? _____

What is the age and type of sprinkler system in place and how often is it inspected? _____

Is there a service agreement with reputable pest control company providing services on a scheduled basis? Frequency? _____

Are exit doors properly marked with lighted exit signs and have panic hardware for egress? _____

Are there protective alarms for fire and burglary? If so, explain. _____

Are security and fire protection devices hooked to local alarm? Central station monitor alarm? _____

Is trash/waste disposed outside of building on a daily basis? _____

Cooking:

What cooking operations are conducted on premises? Oven Baking (Y/N), Microwave (Y/N), Grilling (Y/N), Deep Fat Frying (Y/N), BBQ (Y/N), Other _____

Are cooking surfaces and equipment compliant with NFPA96? _____

Are cooking surfaces protected by adequate surface extinguishing systems? _____

Are fire extinguishers installed in the cooking areas, inspected and tagged annually? _____

Is there an operative automatic fuel shutoff to all cooking appliances? _____

Are there operative thermostat and over limit heat controls for deep fat fryers? _____

Is there a regular schedule in house for cleaning of hoods, ducts and filters? Explain frequency. _____

Is there a maintenance service agreement for refrigeration/freezing equipment? _____

Are fire extinguishing and fire suppression systems for cooking surfaces inspected and serviced by a qualified service company at least every six months? Is a written record of the service and maintenance kept on file with dates of the inspection service? _____

Is cooking equipment that produces smoke or grease laden vapors Underwriters Laboratory approved? _____

Crime:

Has any similar insurance been declined or canceled during the past three years? (Not applicable in Missouri) If yes, explain. _____

Provide number of ratable employees. _____

Are cash accounts and inventories audited annually by a CPA? _____

Are bank accounts reconciled by someone not authorized to deposit or withdraw and is a countersignature required? _____

Are at least two signature required on checks over \$1,000? _____

How much cash is held on premises during working hours? _____

Are duties of handling incoming/outgoing checks issued by separate individuals? _____

Are officers and employees required to take annual vacations of at least 5 days? _____

Are incoming checks stamped "For Deposit Only"? _____

Are background checks completed for employees handling cash? _____

Corporate Identity Protection:

PLEASE SEE ATTACHED COPORATE IDENTITY PROTECTION COVERAGE FORM

I warrant that the information contained herein is true and that it shall be the basis of the policy or Insurance.

New York Applicants:

All Lines Other Than Automobile:

"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."

Automobile:

"Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation."

Signatures of Application: _____ (Owner/Partner/Officer)
Title: _____ Date: _____

By signing this application, there is no representation of coverage being bound; nor a guarantee of the company issuing insurance

Fraud Warnings:

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."

Arkansas, Louisiana, Rhode Island, Washington, and West Virginia 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.”

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.”

District of Columbia Applicants:

"WARNING: 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."

Florida Applicants:

“Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.”

Hawaii Applicants:

"For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

Kentucky Applicants:

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.”

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 denial of insurance benefits.”

Maryland Applicants:

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

New Jersey Applicants:

“Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

New Mexico 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 civil fines and criminal penalties.”

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.”

Oklahoma Applicants:

“WARNING: 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.”

Pennsylvania Applicants:

All lines other than automobile:

“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 subjects such person to criminal and civil penalties.”

Automobile:

“Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.”

Tennessee, Virginia and Washington 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 include imprisonment, fines and denial of insurance benefits.”

All Other Applicants:

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any 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 may also be subject to a civil penalty, fines, or confinement in prison, or some combination thereof.”

**GRANITE STATE INSURANCE COMPANY
ILLINOIS NATIONAL INSURANCE COMPANY
NEW HAMPSHIRE INSURANCE COMPANY
Administrative Offices: 175 Water St. 18th Floor, New York, NY 10038**

CORPORATE IDENTITY PROTECTION COVERAGE

NOTICE: THE COVERAGE PROVIDED UNDER THIS ENDORSEMENT REQUIRES THAT A "PERSONAL IDENTITY EVENT" BE FIRST DISCOVERED DURING THE POLICY PERIOD AND REPORTED TO THE COMPANY DURING THE "NOTICE PERIOD".

NOTICE: THE LIMITS OF INSURANCE AVAILABLE TO PAY JUDGMENTS AND OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR "DEFENSE COSTS".

I. COMPANY INFORMATION

1. Full Name of Applicant _____
2. Address _____

3. Internet/e mail Address(es) _____
4. Contact Person, title & phone number _____
5. Description of your business activities, products and services including if you keep financial or account information on individual customers _____
6. Do you retain customers' social security numbers? Yes No

7. Revenue

Next Year Estimate

Current Year

Prior Year

II. COVERAGE OPTIONS REQUESTED (Circle limit.)

LIMIT

RETENTION

50,000

2500

100,000

2500

250,000

2500

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III. NETWORK SECURITY INFORMATION

8. How is your network security managed?

In-House

or

By a third party vendor

Name of Vendor _____

9. If your network security is managed In-House, please check the applicable network security services that you use to safeguard the personal information of your customers/members/employees.

Physical security

Firewall

Data Encryption

Access control

Periodic security assessments

Incident response

Dedicated IT personnel

10. Do you use, maintain and update at a minimum every (90) days, when necessary, antivirus software, firewall software on all broadband connections to the internet and high – speed connections to the internet and software security patches? Yes No

11. Do you comply with all data security standards issued by credit card issuers or financial institutions with which you transact business, if you process, store or handle credit information? Yes No

IV. PRIOR COVERAGE

12. Do you currently have an identity theft insurance program in place? Yes No

If yes, please attach policy.

13. Have you ever had an application for identity theft insurance declined or has a policy issued to you been cancelled or non-renewed by the insurance carrier?

Yes No

If yes, please give details: _____

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V. LOSS INFORMATION

14. Have you had any identity theft losses over the past three years (whether or not covered by insurance)? Yes
No

If yes, include date, type and amount of loss: _____

15. Have you experienced within the last 3 years:
- a. A theft of customer/member/employee information
 Yes, with an approximate loss value of _____
 No
 - b. If yes, was this a result of a computer or electronic access?
 Yes
 No

The applicant represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any policy issued.

Dated at this _____ day of _____ in the year _____

By

Print Name

Print Title

Signature

NOTICE TO ARKANSAS 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 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

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KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.”

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 IN THE THIRD DEGREE.”

NOTICE TO KENTUCKY APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.”

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 NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO NEW YORK APPLICANTS: “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, 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.”

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 PENNSYLVANIA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000.”