



# Grocery Store/ Supermarket Application

SIU Producer #: \_\_\_\_\_

Name of Business DBA: \_\_\_\_\_

Corporation Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insured is:  Corporation  Partnership  Individual  LLC

No. of Years in Business: \_\_\_\_\_ Years Experience in this Industry: \_\_\_\_\_

Any bankruptcies or foreclosures in the last 5 years?  Yes  No

Any above ground storage of gasoline?  Yes  No

Hours of Operation: \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_

Total Annual Store Receipts/Sales: \$ \_\_\_\_\_

Percentage of Gross Store Receipts are Alcohol Sales %: \_\_\_\_\_

Live Entertainment provided:  Yes  No # of Days per Week? \_\_\_\_\_ Bouncers:  Yes  No

## Property Section

Type of Business: \_\_\_\_\_

Construction:  Frame  Joisted Masonry  Non-Combust  Masonry Non-Combust

Year Built: \_\_\_\_\_ Square Feet: \_\_\_\_\_ No. Stories: \_\_\_\_\_

Inside or Outside City Limits? \_\_\_\_\_ Protection Class: \_\_\_\_\_

Year Wiring Updated/installed: \_\_\_\_\_ Year Plumbing Updated/installed: \_\_\_\_\_

Year Heating Updated/installed: \_\_\_\_\_ Year Roof Updated/installed: \_\_\_\_\_

Sprinkler system throughout entire structure?  Yes  No

Burglar Alarm Type:  Local  Central  Direct  None

Fire Alarm Type:  Local  Central  Direct  Hardwire  Battery  None

Type of cooking on premises:  Fryer  Microwave  Hot Plates  Grill

Do All Cooking surfaces have functioning Automatic Extinguishing System?  Yes  No  NA

Type of Automatic Fire Suppression System.  Wet  Dry  NA UL-300 approved?  Yes  No

Fire suppression system & hood/duct with semi-annual maint/clean contract?  Yes  No  NA

## Property Limits/Coverage

| Coverage  | Co-Ins  | Deductible | Cause of Loss                    | Valuation                    | Limits   |
|-----------|---------|------------|----------------------------------|------------------------------|----------|
| Building: | _____ % | \$ _____   | <input type="checkbox"/> Basic   | <input type="checkbox"/> ACV | \$ _____ |
| BPP:      | _____ % | \$ _____   | <input type="checkbox"/> Broad   | <input type="checkbox"/> R C | \$ _____ |
| BI:       | _____ % | \$ _____   | <input type="checkbox"/> Special | <input type="checkbox"/> ML  | \$ _____ |

Sign: (Describe) \_\_\_\_\_ \$ \_\_\_\_\_

Spoilage Limit: \_\_\_\_\_ Ded \$ 500

**Crime Coverage**

Employee Dishonesty \$ \_\_\_\_\_ Money & Securities \$ \_\_\_\_\_ Ded \$ \_\_\_\_\_

Are money and securities stored in a safe or vault?  Yes  No

Equipped with UL certified, centrally monitored burglar alarm w/ door/ window contacts?  Yes  No

Equipped with a panic/hold-up alarm?  Yes  No

**Equipment Breakdown Coverage Desired?**  Yes  No

**Liability Limits (per Occurrence)**

Each Occurrence \$ \_\_\_\_\_

General Aggregate (other than Products/Completed Operations) \$ \_\_\_\_\_

Products & Completed Operations Aggregate \$ \_\_\_\_\_

Personal & Advertising Injury (Any one person or organization) \$ \_\_\_\_\_

Damage to Premises Rented to You (Any one Premises) \$ \_\_\_\_\_

Medical Expense (Any One Person) \$ \_\_\_\_\_

Any firearms or armed security on the premises?  Yes  No

**Liquor Liability**  Yes  No If yes, Limits Desired : \$ \_\_\_\_\_

Are they licensed to sell?  Yes  No Any prior alcohol violations?  Yes  No

Any package store alcohol sales after 2 a.m.?  Yes  No

Are servers required to complete formal alcohol awareness training?  Yes  No

Procedures in place to regulate the sale of alcohol to minors (ID requirement)?  Yes  No

Procedures in place to reserve right to sell/service those who appear intoxicated?  Yes  No

**Umbrella**  Yes  No If yes, Limits Desired : \$ \_\_\_\_\_

Extend coverage over auto?  Yes  No  
Company Name: \_\_\_\_\_ Underlying limit? \_\_\_\_\_

Extend coverage over employers liability?  Yes  No  
Company Name: \_\_\_\_\_ Underlying limit? \_\_\_\_\_

**Auto Coverage**

Do you need Hired/Non-Owned Commercial Auto Liability Coverage?  Yes  No Limit: \_\_\_\_\_

**Mortgage:** \_\_\_\_\_

**Additional Insured:** \_\_\_\_\_

**Loss History** Current Carrier: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

Any Prior Losses for All lines of business:  Yes  No If yes, explain below:

Date of Loss: \_\_\_\_\_ Cause of Loss: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_