

Grocery / C-Store Property & Liability Supplemental Application

Account Name: _____ Location Address: _____
 Policy Number: _____

**Prior to quoting, this application must accompany the Acord application with photos.
 Please complete all sections.**

- 1 General:** **Yes No**
- a) What year was the building originally constructed? _____
 • Has electrical been updated within the last 25 years? Yes No If 'Yes,' what year? _____
 • Has roof been updated within the last 25 years? Yes No If 'Yes,' what year? _____
- b) Are any portions of the premises vacant?
 • If 'Yes,' provide total square feet and length of vacancy: _____
- c) Is there any delivery?
 • If 'Yes,' how many per week? _____
 • In company-owned autos?
 • In employee-owned autos?
- d) Is there habitation on premises?
 • Any non-grocery occupancies on premises?
 • If so, describe: _____
- e) Security guards?
 • Are they provided by a third-party security service?
 • If not, please explain: _____
- f) Is the location open 24 hours?

- 2 Compressor Maintenance** **Yes No**
- a) Is there a preventive maintenance program in place?
 • Number of service visits per year: _____

- 3 Cooking:** **Yes No**
- a) List the cooking appliances used: (examples: fryers, broasters, smokers, rotisseries, ovens, etc.):

- b) Is there a UL300 compliant fire suppression system in place over all cooking areas?.....
 • If 'No,' please describe the fire suppression equipment: _____
- c) Is the system serviced twice a year on a contracted basis?
- d) Is there a Class K (wet chemical) fire extinguisher in all cooking areas?
- e) Is there a contracted cleaning program established for the hood, grease exhaust ductwork, and fan?....
 • Number of times ductwork cleaned per year: _____
 • Number of times the filters/screens cleaned per month: _____

Insured Signature: _____ Date: _____

Individual Completing Application: _____ Date: _____