

Include the following with this completed & signed supplemental application:

- ACORD applications, completed & signed
- Statement of Values (Property)
- Loss Runs for current year and 3 years prior which are currently dated
- Photographs of the locations
- If autos, ACORD should include full schedule of vehicles and drivers list with full license numbers and dates of birth

GENERAL APPLICANT INFORMATION

Applicant Name: _____

Website: _____

Contact Person for Inspection: _____

E-mail: _____ FEIN: _____

1. Full description of all retail operation(s), including any installation, service or repair work: _____
2. Hours of operation (workdays/weekends): _____
3. Number of Years in Business? _____ Years under the current management? _____

OPERATIONS/RECEIPTS

Total Sales: _____ Internet Sales: _____

International Sales: _____ Chinese Import Sales: _____

Enter the receipts or percent of total receipts for each of the following operations:

Retail: _____ Repair or Service: _____

Installation: _____ Modification of any Product: _____

Sales of directly imported products whose manufacturer does not have US Insurance: _____

Sales of product under the account label or made to the account's specifications: _____

PROPERTY

1. Please describe the account's Property Preventative Maintenance procedures (i.e. regular self-inspection of all vital systems, etc.):

2. Is the retail store located in a historically significant building? ☐ Yes ☐ No
Please provide us with a copy of your most recent appraisal
3. Does the retail store perform any commercial cooking on the premises? ☐ Yes ☐ No
Please describe the preventative and ongoing maintenance (i.e. exhaust system cleaning, fire suppression inspections, etc.):

4. Are refrigerated units protected by:

a. Ongoing maintenance contracts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Temperature alarms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Ongoing and routine food inspections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Backup generators?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



GENERAL LIABILITY

1. Does the account (check all that apply):
 - a. Source products from domestic suppliers/manufacturers? ☐ Yes ☐ No
 - b. Directly import from suppliers/manufacturers located abroad? ☐ Yes ☐ No
 - c. Have products manufactured to their specifications by others? ☐ Yes ☐ No
 - d. Affix their own label to a product manufactured by others? ☐ Yes ☐ No
2. What are the countries of origin for all of the account's products? _____
3. Please describe the quality control process for all products sold (i.e. testing, record keeping, compliant handling, etc.):

4. How long are records retained? _____
5. Has the account ever had a product recalled? ☐ Yes ☐ No ☐ N/A
6. Are all electrical and electric products sold as UL Listed? ☐ Yes ☐ No ☐ N/A
7. Does the account have policies and procedures for protecting their customers from harm both inside and outside of the retail store? ☐ Yes ☐ No
Please describe these policies and procedures in general terms:

8. Does the account's Legal Counsel review all advertising material and website content before it is put into the public domain? ☐ Yes ☐ No
With respect to capturing customer data, what are the accounts policies and procedures to protect this data? _____

RISK TRANSFER PROCEDURES

1. Does the account hire sub-contractors for onsite construction work? ☐ Yes ☐ No
2. Does the account hire sub-contractors for offsite installation or assembly operations? ☐ Yes ☐ No
3. Is the account held harmless by suppliers and sub-contractors through a written contract?
☐ Always ☐ Generally ☐ Sometimes ☐ Never
4. Please explain any exceptions: _____
5. Does the account require Vendor or Additional Insured coverage from suppliers or sub-contractors?
☐ Always ☐ Generally ☐ Sometimes ☐ Never
6. Please explain any exceptions: _____
7. How does the account track Certificates of Insurance from their suppliers?
☐ No Formal Tracking ☐ Automated System for Tracking ☐ Outsourced ☐ Manually tracked by employees

AUTOMOBILE

1. Are MVRs ordered and reviewed for all drivers pre hire? ☐ Yes ☐ No
2. What are the MVR standards for the account? _____
3. Does the account provide driver training? ☐ Formal driver training at hire and annually thereafter
☐ Ride alongs for new hires ☐ Less formal or no training
4. Does the account have a written vehicle maintenance program and Vehicle Safety Program? ☐ Yes ☐ No
5. Who maintains the vehicles? ☐ Onsite ☐ Leasing Company ☐ Independent Garage
6. How frequently are vehicles inspections made?
☐ Pre & Post Trip ☐ Pre or Post Trip, but not both ☐ Less Frequently



7. Do any of the following apply to the applicant?
- | | | |
|--|------------------------------|-----------------------------|
| Deliver to customers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Deliver between the warehouse and the store? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have a maintenance fleet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have an executive/sales fleet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
8. What is the radius of operation?
- ☐ N/A ☐ Local (0-50 miles) ☐ Intermediate (51-200 miles) ☐ Long Haul (>200 miles)
9. Are delivery routes considered: ☐ Urban ☐ Suburban ☐ Rural ☐ Mix of 2 or 3
10. How many stops are made each day? ☐ 0-5 ☐ 6-15 ☐ 16-20 ☐ >20
12. Does the account have a formal Distracted Driving Policy? ☐ Yes ☐ No
- Please describe: _____
12. Does the account have a formal Personal Use of Company Vehicle policy? ☐ Yes ☐ No
- Please describe: _____

WORKERS' COMPENSATION (Complete if you are requesting a WC quote)

1. Number of full-time employees: _____ Number of part-time employees: _____
2. Do you have a formal selection/hiring process in place? ☐ Yes ☐ No
3. Do you offer health benefits to full-time employees? ☐ Yes ☐ No
4. What is the employee turnover percentage on an annual basis? _____%
- Showroom employees: _____% Warehouse employees: _____%
5. Does management have a commitment to safety along with a safety person, a safety committee and a formal accident investigation process? ☐ Yes ☐ No
- If Yes, please explain: _____
6. Do you have a formal written safety program in place and provide ongoing training? ☐ Yes ☐ No
7. Is training provided for the following?:
- | | | |
|---|--|---------------------------------------|
| Material handling? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Maximum weight lifted? _____ lbs. |
| Fall protection (warehouse)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Maximum height worked at? _____ feet. |
| Personal protective equipment provided and trained for its use? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Machinery/Equipment/Forklifts (warehouse)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Hazardous material (cleaning chemical) handling? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
8. Do you have a return to work program? ☐ Yes ☐ No

COMMENTS

Applicant's Signature: _____

Title: _____ Date: _____