

Property Supplemental Application

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

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"/> |
| • If yes, provide total square feet and length of vacancy: _____ | | |
| 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"/> |
| • If 'Yes,' elaborate: _____ | | |

- 2. Buildings Older than 25 Years Original Year Built: _____**
- | | Yes | No | Year |
|--|--------------------------|--------------------------|-------|
| 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"/> |
| • If 'No,' please describe the fire suppression equipment below. | | |
| b) Is the system serviced twice a year on a contracted basis? (Please attach copy of last service report.)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c) 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: _____ | | |
| • Date of last professional cleaning: _____ | | |
| • Number of times the filters/screens cleaned per month: _____ | | |

Please list the cooking appliances in place (including smokers) and type of fire suppression system [if 'No' on 3,a)] above:

- 4. Compressor (required for all locations)** **Yes** **No**
- a) Are there doors and covers on the compressor electrical boxes and switches?
- b) Is there dust and oil build on the compressors, switches, and electrical boxes?
- c) Is there a preventative maintenance program in place?
- Number of service visits per year: _____
 - Name of the maintenance company: _____

- 5. Stores Located in a Protection Class 9** **Yes** **No**
- a) Is there a full-time fire department?
- b) Does the store contract with a privately owned fire department for fire protection services?
- c) Is there a private water source?
- If 'Yes,' elaborate:

- 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?
- If 'Yes,' what is the square footage of non-retail space? _____
- b) Length of time in business at this location: _____
- c) Does the insured own the building?
- d) Are there competing retailers within five miles of the store?

- 7. Habitation/Non-Grocery Exposure** **Photo Required** **Yes** **No**
- a) Is there any habitation on the premises?
- b) Are there any non-grocery occupancies on the premises?

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?
- b) Has it been decommissioned?
- c) Are there any holes in the incinerator?
- d) Does the incinerator door close with a good seal?
- e) Is there a spark-arrestor on top of the chimney?
- f) Are there automatic and manual shut-off devices for the fuel supply?
- g) Is there a ten-foot safety zone established around the incinerator where nothing should be placed?...
- h) Has a fire department authority inspected the incinerator within the last year?
- i) Is the inside of the chimney cleaned annually by a contractor?

Agent Completing Application: _____

Agency Name: _____

Date: _____