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## Supplemental Application for Supermarkets

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Applicant's Name \_\_\_\_\_  
Location Address \_\_\_\_\_  
Location Number \_\_\_\_\_  
Website Address \_\_\_\_\_

### A. General

1. Is the applicant building owner or tenant?       Owner       Tenant
2. Is applicant part of a chain operation?       Yes       No
3. Gross sales- Annual: \$ \_\_\_\_\_
4. Square feet- Interior \_\_\_\_\_
5. Year location was: Acquired: \_\_\_\_\_ Built: \_\_\_\_\_
6. Number of employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_
7. For any building over 15 years old, please provide the following:  
Year updated: \_\_\_\_\_ Roof  
Year updated: \_\_\_\_\_ Electrical  
Year updated: \_\_\_\_\_ Plumbing
8. Does applicant lease any part of premises to another business operation?  Yes  No  
If yes, how much and to whom? \_\_\_\_\_
9. Can employees be identified by badge or uniform?       Yes  No

### B. Features

1. Is there an Automatic Teller Machine?       Yes  No
2. Is there a Pharmacy Department?       Yes  No
3. Is there a Butcher/Meat Department?       Yes  No
4. Is there a Deli Counter?       Yes  No
5. Is there a Food Court or Restaurant?       Yes  No
6. Is there a Salad Bar?       Yes  No  
Are "sneeze guards" provided?       Yes  No
7. Is Liquor Liability coverage in place?       Yes  No  
Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_ Policy Period \_\_\_\_\_
8. Is there a Bakery Department?       Yes  No
9. Are alcoholic beverages sold?       Yes  No
10. Does applicant sell food prepared on the premises?       Yes  No
11. Does applicant sell goods under own label?       Yes  No
12. What are the store hours? Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_  
Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun \_\_\_\_\_

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### C. Interior

1. Housekeeping, maintenance and repair?  Excellent  Good  Needs Work
2. Sweep logs in place?  Yes  No
3. Mats and runners at Entrances?  Yes  No  
In produce aisles?  Yes  No  
Flat, level, not curled or frayed?  Yes  No
4. Aisles clear, regularly checked?  Yes  No
5. "Caution- Wet Floor" signs used when and where needed?  Yes  No
6. Are spills cleared immediately?  Yes  No

### D. Fire, Refrigeration, and Security Systems

1. Fire alarm system used?  Yes  No  
Central station?  Yes  No  
Local gong?  Yes  No  
Is there a maintenance contract and agreement?  Yes  No  
Name of fire alarm system maintenance contractor? \_\_\_\_\_  
Frequency of inspection/repair? \_\_\_\_\_
2. Are premises fully sprinklered?  Yes  No  
Is there a sprinkler maintenance contractor?  Yes  No  
If yes, name of refrigeration maintenance contractor? \_\_\_\_\_  
Frequency of inspection/repair? \_\_\_\_\_
3. Is there a refrigeration maintenance contract or agreement?  Yes  No  
If yes, name of refrigeration maintenance contractor? \_\_\_\_\_  
Frequency of inspection/repair? \_\_\_\_\_
4. Security guards employed?  Yes  No  
Contracted?  Yes  No  
Armed?  Yes  No
5. Security cameras used?  Yes  No
6. Are night-shifts workers always scheduled in pairs or more?  Yes  No
7. Burglar alarm system used?  Yes  No  
Central station?  Yes  No  
Local gong?  Yes  No

### E. Exterior

1. Parking lot square feet? \_\_\_\_\_ Number of spaces? \_\_\_\_\_  
Condition:  Excellent  Good  Needs Work
2. Snow and ice removal?  By Applicant  By Contractor  
Get Certificate?  Yes  No
3. Are sidewalks and parking areas well illuminated at night?  Yes  No
4. Are "No Loitering" signs posted?  Yes  No
5. Are dumpsters and trash compactors fenced?  Yes  No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Producing Agent \_\_\_\_\_