
Supplemental Application for Supermarkets

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?
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 _____