

# 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:

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- 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: \_\_\_\_\_