TOPA INSURANCE COMPANY

TPCI Supplemental - Manufacturing and Processing

Insured Name:	Years of industry experience:	Full time employees:
		Part time employees:

Security/Surveillance at Premises (check all that apply):

- ☐ Video Surveillance
- ☐ No Security or Surveillance

Security Service:	Employees	Contractors
Armed	☐	☐
Unarmed	☐	☐

For contracted security services: Does the security company name the applicant as additional insured in their GL and Security Guard E&O policy? ☐ Yes ☐ No ☐ N/A

Any production, processing, sale, distribution or use of marijuana/cannabinoid products/substances?	☐ Yes	☐ No
Is there a formal, comprehensive quality control program?	☐ Yes	☐ No
Has any product ever been recalled?	☐ Yes	☐ No

Provide details (date of recall, # of products recalled, voluntary, mandatory, name of ordering agency, etc):

How is the product quality tested and maintained?

Liability Information

☐ ***Check here if there are no liquor sales (if checked, this section may be skipped)***

Liquor Sales (at each location):

Does the applicant require all alcohol servers to receive a formal Alcohol Training Course? ☐ Yes ☐ No

When (latest hour, if varies) does the sale or serving of alcohol stop? ☐ AM ☐ PM

Does the applicant have drinking games or offers of unlimited alcoholic beverages? ☐ Yes ☐ No

☐ ***Check here if there is no vacant land (if checked, this section may be skipped)***

# of Acres:

Is any land being used as hunting preserves or dude ranches? ☐ Yes ☐ No

Explain any plans for development of vacant land in the next two years:

Is any product sold to become a component part to another company's product(s) or to be repackaged under another name? ☐ Yes ☐ No

If yes, provide details (company name, final product/name):

Are any new products to be introduced/manufactured during the next year? ☐ Yes ☐ No

If yes, provide details (product name & details):

Are there any products that are used in the following? (check all that apply)

- ☐ Aviation Motor Vehicles
- ☐ Marine
- ☐ Medical/Health Care
- ☐ Biotechnology
- ☐ Children's furniture or toys
- ☐ Sporting Goods
- ☐ Pharmaceutical
- ☐ Industrial Piping/Pressurized Piping

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO BEST OF HIS/HER KNOWLEDGE.

Producer's Signature:	Producer's Name (Please Print):	
Applicant's Signature:	Date:	National Producer Number:
Applicant's Name (Please Print):		