

TPCI Supplemental - Retail

Insured Name:	Years of industry experience:	Full time employees:
		Part time employees:
Security/Surveillance at Premises (check all that apply): <input type="checkbox"/> Video Surveillance Security Service: Employees Contractors <input type="checkbox"/> No Security or Surveillance 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Any production, processing, sale, distribution or use of marijuana/cannabinoid products/substances?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When (latest hour, if varies) does the sale or serving of alcohol stop?	Does the applicant have drinking games or offers of unlimited alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> PM

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain any plans for development of vacant land in the next two years:		

Does the risk sell used, reconditioned, or recycled products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Property Information

Check here if there is no cooking exposure (if checked, this section may be skipped)

Is the kitchen equipped with an automatic extinguishing system covering all cooking and ventilation equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the automatic extinguishing system UL-300/NFPA compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is extinguishing system including flue/duct cleaned/maintained by a third party?	<input type="checkbox"/> More frequently than monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two months <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually <input type="checkbox"/> Less frequently than annually
Is there a manual release for the ANSUL system in the path of exit from the cooking area and fire extinguishers compatible with the extinguishing agent of the hood and duct system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	For deep fat fryers, is there an automatic thermostat controlled fuel shut off mechanism?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How often are the hood and filter cleaned?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly or less frequently	

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):			