TOPA INSURANCE COMPANY

TPCI Supplemental - Retail

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*

Liability Information

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

Liquor Sales (at each locations)	**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:	

Does the risk sell used, reconditioned, or recycled products? ☐ *Yes* ☐ *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?	☐ *Yes* ☐ *No*	**Is the automatic extinguishing system UL-300/NFPA compliant?**	☐ *Yes* ☐ *No*
How often is extinguishing system including flue/duct cleaned/maintained by a third party?	☐ *More frequently than monthly* ☐ *Monthly* ☐ *Every two months* ☐ Quarterly ☐ *Semi-Annually* ☐ *Annually* ☐ *Less frequently than anually*		
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?	☐ *Yes* ☐ *No* ☐ *N/A*	**For deep fat fryers, are there automatic thermostat controlled fuel shut off mechanism?**	☐ *Yes* ☐ *No* ☐ *N/A*
How often are the hood and filter cleaned?	☐ *Daily* ☐ *Weekly* ☐ *Monthly* ☐ *Quarterly or less frequently*		

THE UNDERSIGNED IN AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWER TO QUESTION 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**