

TPCI Supplemental - Wholesale

Insured Name:		Years of industry experience:		Full time employees:	
				Part time employees:	
Security/Surveillance at Premises (check all that apply):				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"/> Video Surveillance	Security Service:	Employees	Contractors		
<input type="checkbox"/> No Security or Surveillance	Armed	<input type="checkbox"/>	<input type="checkbox"/>		
	Unarmed	<input type="checkbox"/>	<input type="checkbox"/>	<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
Has any product ever been recalled?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide details (date of recall, # of products recalled, voluntary, mandatory, name of ordering agency, etc):					

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?	<input type="checkbox"/> AM <input type="checkbox"/> PM	Does the applicant have drinking games or offers of unlimited alcoholic beverages?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<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
Provide detail (for each - product detail, projected revenue, one year past annual revenue, # of years applicant has been selling):		<input type="checkbox"/>	
Is there any manufacturing, assembly, relabeling, repackaging or mixing work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide detail (projected revenue, one year past annual revenue, # of years applicant has been doing this type of work):			
Is there any lease/rental, installation, repair or service work being done by the applicant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide detail (projected revenue, one year past annual revenue, # of years applicant has been doing this type of work):			
Are there any products sold under insured's own brand or label?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide detail (for each - product detail, projected revenue, past year revenue, # of years applicant has been selling):			
Does the applicant directly import any products?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide detail (for each - product detail, projected revenue, past year revenue, # of years applicant has been importing):			
Does the general public have access to your premises to buy products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the revenue from direct sales to general public? \$	
Does the applicant receive a certificate of insurance from the manufacturer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant named as an additional insured by the manufacturer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Property Information

Is there in-rack sprinkler system covering all stock shelves?

☐ Yes

☐ No

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO 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):