

Supplemental Application for Supermarkets

Applicant's Name _____
 Location Address _____
 Location Number _____
 Website Address _____

A. General

- | | | | |
|----|---|---------------------|------------|
| 1. | Is the applicant building owner or tenant? | Owner | Tenant |
| 2. | Is applicant part of a chain operation? | Yes | No |
| 3. | Gross sales- Annual: \$ _____ | | |
| 4. | Square feet- Interior _____ | | |
| 5. | Year location was: Acquired: _____ Built: _____ | | |
| 6. | Number of employees: Full-Time _____ Part-Time _____ | | |
| 7. | For any building over 15 years old, please provide the following: | | |
| | | Year updated: _____ | Roof |
| | | Year updated: _____ | Electrical |
| | | Year updated: _____ | Plumbing |
| 8. | Does applicant lease any part of premises to another business operation?
If yes, how much and to whom? _____ | Yes | No |
| 9. | Can employees be identified by badge or uniform? | | Yes No |

B. Features

- | | | | |
|-----|--|-----|--------|
| 1. | Is there an Automatic Teller Machine? | Yes | No |
| 2. | Is there a Pharmacy Department? | | Yes No |
| 3. | Is there a Butcher/Meat Department? | | Yes No |
| 4. | Is there a Deli Counter? | | Yes No |
| 5. | Is there a Food Court or Restaurant? | | Yes No |
| 6. | Is there a Salad Bar? | | Yes No |
| | Are "sneeze guards" provided? | | Yes No |
| 7. | Is Liquor Liability coverage in place? | | Yes No |
| | Carrier: _____ Limits: _____ Policy Period _____ | | |
| 8. | Is there a Bakery Department? | | Yes No |
| 9. | Are alcoholic beverages sold? | | Yes No |
| 10. | Does applicant sell food prepared on the premises? | | Yes No |
| 11. | Does applicant sell goods under own label? | | Yes No |
| 12. | What are the store hours? Mon. _____ Tues. _____ Wed. _____
Thurs. _____ Fri. _____ Sat. _____ Sun. _____ | | |

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C. Interior

- | | | | | | |
|----|--|-----------|------|-----|------------|
| 1. | Housekeeping, maintenance and repair? | Excellent | Good | | Needs Work |
| 2. | Sweep logs in place? | | | Yes | No |
| 3. | Mats and runners at Entrances? | | | Yes | No |
| | In produce aisles? | | | Yes | No |
| | Flat, level, not curled or frayed? | | | Yes | No |
| 4. | Aisles clear, regularly checked? | | | Yes | No |
| 5. | “Caution- Wet Floor” signs used when and where needed? | | | Yes | No |
| 6. | Are spills cleared immediately? | | | Yes | No |

D. Fire, Refrigeration, and Security Systems

- | | | | | | |
|----|---|--|--|-----|----|
| 1. | Fire alarm system used? | | | Yes | No |
| | Central station? | | | Yes | No |
| | Local gong? | | | Yes | No |
| | Is there a maintenance contract and agreement? | | | Yes | No |
| | Name of fire alarm system maintenance contractor? _____ | | | | |
| | Frequency of inspection/repair? _____ | | | | |
| 2. | Are premises fully sprinklered? | | | Yes | No |
| | Is there a sprinkler maintenance contractor? | | | Yes | No |
| | If yes, name of refrigeration maintenance contractor? _____ | | | | |
| | Frequency of inspection/repair? _____ | | | | |
| 3. | Is there a refrigeration maintenance contract or agreement? | | | Yes | No |
| | If yes, name of refrigeration maintenance contractor? _____ | | | | |
| | Frequency of inspection/repair? _____ | | | | |
| 4. | Security guards employed? | | | Yes | No |
| | Contracted? | | | Yes | No |
| | Armed? | | | Yes | No |
| 5. | Security cameras used? | | | Yes | No |
| 6. | Are night-shifts workers always scheduled in pairs or more? | | | Yes | No |
| 7. | Burglar alarm system used? | | | Yes | No |
| | Central station? | | | Yes | No |
| | Local gong? | | | Yes | No |

E. Exterior

- | | | | | | |
|----|--|--|-------------------------|-----|----|
| 1. | Parking lot square feet? _____ | | Number of spaces? _____ | | |
| | Condition: Excellent Good | | Needs Work | | |
| 2. | Snow and ice removal? By Applicant | | By Contractor | | |
| | | | Get Certificate? | Yes | No |
| 3. | Are sidewalks and parking areas well illuminated at night? | | | Yes | No |
| 4. | Are “No Loitering” signs posted? | | | Yes | No |
| 5. | Are dumpsters and trash compactors fenced? | | | Yes | No |

Applicant's Signature _____ Date _____

Title _____ Producing Agent _____