



Retail/Wholesale Supplemental Application

1. Description of the types of items the insured sells:

2. Location of retail operation:

- a. Urban Suburban Small town Rural
b. Mall Strip plaza Freestanding Other

3. Hours of operation:

- Open after 6:00 pm Yes No
Open after 9:00 pm Yes No
Open after midnight Yes No
Open after 2:00 am Yes No

4. Do you sell used or second hand goods? Yes No
If yes, are used goods more than 50% of your sales? Yes No

5. Any delivery services offered? Yes No
If yes, what percentage of the operation is delivery? _____

What is the maximum radius of
delivery? _____

6. What is the employee turnover rate? _____

7. # Full time employees: _____
Part-time employees: _____
Maximum number of employees working at one time at a single location: _____

The applicant warrants and represents to the insurer that the information entered in this supplemental application is true and correct. The applicant acknowledges that the information presented herein is material to the decision of the insurance company to issue a policy, and that this issuance of a policy by the insurer is in reliance upon the sufficiency and accuracy of the information by the applicant in this supplemental application.

Authorized Representative: _____
Print Name / Title

Signature: _____ Date: _____