



Grocery Store Supplemental – Excess / Umbrella

Name of Applicant:	
Does the applicant directly import more than 50% of its products from outside the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured operate any 24 hour locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant sell prepared food or market any products under their own name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the store manager have a formal policy in regard to food protection, storage, and personal hygiene practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE _____ Date _____

AGENT SIGNATURE _____ Date _____