

## Retail/Wholesale Supplemental Application

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

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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: \_\_\_\_\_