



UCA General Insurance Services, Inc.

Underwriter:

Broker:

Date:

Grocery Store Program Application

This application forms and becomes part of your insurance policy.

"SERVICE is our STRENGTH"™

| | |
|------------------|-----------------|
| INSURED | |
| Named Insured: | Effective Date: |
| DBA: | |
| Mailing Address | |
| Location Address | Entity: |

| PROPERTY | Perils | Co-Ins | Deductible |
|---------------------------|------------------------------|--------|------------|
| Building: \$ | | | \$ |
| | Earthquake Sprinkler Leakage | | |
| Contents: \$ | | | \$ |
| | Earthquake Sprinkler Leakage | | |
| Annual Gross Receipts: \$ | | ALS | |
| Signs: \$ | | | \$ |

| | | |
|--|-----------|------------------------|
| LIABILITY | | |
| General Liability: | \$ | Occurrence/Aggregate |
| Liquor Liability: | \$ | Common Cause/Aggregate |
| Fire Damage: | \$ | |
| Medical Expense: | \$ | |
| Hired & Non-Owned Auto: | \$ | |
| Excess or Umbrella | Excess \$ | Umbrella \$ |
| (Please submit signed completed Acord Application at the time of binding if umbrella coverage is required) | | |

| COVERAGE AVAILABLE | Limit | Deductible |
|--|-------|------------|
| Ordinance or Law: | \$ | |
| Sewer Back Up: | \$ | \$ |
| Employee Dishonesty <small>(Blanket Occ/Agg Limit)</small> | \$ | \$ |
| Money and Securities: | \$ | \$ |
| Accounts Receivable: | \$ | |
| Valuable Papers: | \$ | \$ |
| Other Coverages: | | |

| |
|-----------------------------|
| ADDITIONAL INTERESTS |
| Additional Insured: |
| Loss Payee: |
| Mortgagee: |

1. Yes No Has the broker personally seen the risk?
2. Yes No Owners experience at this location 1+yr?
If new, provide type of experience and years:
3. Prior policy #:
Company Name:
Expiration Date:
Premium: \$
4. Yes No Has coverage been cancelled/non-renewed?
If "Yes", explain:
5. Yes No Prior Losses?
(3 yr current valued loss runs must be provided)
6. Yes No *Does the applicant have any knowledge of any facts, circumstances, acts or omissions which could reasonably be expected to result in a third party claim being brought in the future?
7. Yes No *Does the applicant have any knowledge of any third party claim which was brought on or before the date of this application for insurance?
8. Yes No *Any un-repaired damage to the proposed insured property?
9. Yes No *Any known evidence of MOLD damage?
*Explain in detail any "Yes" answer & respond separately
10. Year Built: Total Building Area: sq. ft.
Total Area Occupied by Applicant: sq. ft.
Sub-leased area to other by applicant: sq. ft.
Tenants occupied as:
11. Construction:
Sprinkler:
Alarm:
Roof Type:
Year Roof was updated:
Roof Condition:
12. Total # of Stories:
13. Remodeled/Updated in:
Yes No Copper Wiring?
Yes No Copper Plumbing?
Yes No Electrical circuit breaker?
Yes No All wires in conduit?
14. Yes No Fire Extinguishers on the premises?
15. Hours of Operation:
16. Total Food Receipts: \$
Total Alcohol Receipts: \$
17. Maximum cash kept at each check stand?
(Limited Coverage of \$1,000 per stand)
Yes No Is cash kept in a safe during business hours?
18. How often are bank deposits made?
19. Yes No Is a Sweep Log Maintained?
20. Yes No Does the public have access to the rest room?
21. Yes No Has the risk been fined or shut down by any health authority within the last 3 years?
22. Yes No Concessionaires on premises?
If "yes", a Certificate of Insurance must be obtained
23. Yes No Any cooking done on premises?
Yes No Is the kitchen protected by an Ansul. System?
Yes No Is the kitchen sprinklered?
24. Yes No Does the applicant have a food product with their own label?
Yes No Does the label have the same name as the store?
Yes No Is the food product marketed in other stores?
Yes No Has product and/or food contamination liability insurance been obtained?
25. Yes No Service/maintenance contracts for Electrical/ electronic doors and refrigeration equipment?
26. Yes No Does the applicant own any commercial auto?
Yes No Commercial Auto insurance in force?
(UCA provides competitive rates for companion auto coverage)
Yes No Non-owned/Hired Auto liability provided by auto policy?
Yes No Does the applicant's employees use their auto for business?
Yes No Does the applicant require these employee to carry liability insurance?
27. Total # of Full Time Employees:
Total # of Part Time Employees:
28. PERSON TO CONTACT FOR INSPECTION:

TELEPHONE #:
EMAIL:

APPLICANT SIGNATURE:

DATE:

