

Name Insured: _____

Effective Date: _____ Website: _____

Agency/Broker: _____

GENERAL SAFETY/LOSS CONTROL

1. Does the insured have a formal safety program?: Yes No
2. Does the insured have a full-time Safety Director on staff with no additional duties?: Yes No N/A
If yes, individual's Name: _____ Title: _____
3. Return to Work Program in place: Formal Informal None
4. Insured does pre-hire and post-accident drug testing: Yes No N/A
5. Formal Accident Investigation Program in place: Yes No N/A
6. MVR checks done pre-hire & annually: Yes No No driving exposures
7. Number of employees is: Increasing Decreasing Stable
8. Does the insured have more than 50 employees in a building that is 4 stories or greater? Yes No N/A
9. How many years has the insured had Workers' Compensation insurance: _____
10. Health benefits provided: Yes No N/A
If yes, % of employee participation: _____ % % of employer's contribution: _____ %

STORES – RETAIL OPERATIONS

1. Does the insured have employees who perform pick-up or delivery? Yes No N/A
If yes, what is the maximum pick-up or delivery radius?: _____
How many delivery vehicles, including employee owned, are used in the class related to Stores – Wholesale?: _____
Does the insured participate in any program where they are notified if one of their drivers receives a vehicle violation?
Yes No N/A
2. Does the insured have any repackaging or assembly operations? Yes No N/A
3. What is the maximum weight of any single product?: _____
4. Store hours:

Monday	_____ to _____	24 hours
Tuesday	_____ to _____	24 hours
Wednesday	_____ to _____	24 hours
Thursday	_____ to _____	24 hours
Friday	_____ to _____	24 hours
Saturday	_____ to _____	24 hours
Sunday	_____ to _____	24 hours

5. Does the insured sell any of the following:

Guns	Exercise/Sports Equipment weighing more than 50 lbs.
Poisonous reptiles or exotic animals	Spas or Furniture weighing more than 50 lbs.
Rent or sell adult videos or books	

6. Has the insured experienced a robbery or attempted robbery in the past 4 years? Yes No N/A

If yes, how many?: _____

7. What type of Retail Store does the insured operate?:

99 Cent or Discount Store	Adult Entertainment Store
Antique Store	Appliance Store
Art & Craft Supply Store	Auctioneers
Baker Store	Beauty Supply Store
Book/Video/Audio/Software Store	Camera Store
Candy Store	Card/Novelty Store
Cell Phone Store	Christmas Tree Lot
Coin Operated Laundry	Delivery Service Only
Dry Cleaning Collection & Distribution only	Durable Medical Supply/Equipment Store
Excursion Tour Provider	Floor Covering Store
Game/Hobby Store	Golf Pro Shop – No Golf Lessons
Gun Shop	Hay and Feed Store
Kitchen Utensil Store	Mattress Store
Mobile Kiosk Operations	Mobile Catering/Gourmet Food Truck/Meals on Wheels
Musical Instruments (no Organs or Pianos)	On-Line Catalog/Cyber Store
Paint or Wallpaper Store	Party Supply Rental
Pawn Shops	Pet Stores
Pharmacy	Piano or Organ Sales
Pool or Spa Supply Store	Postal Substation (The UPS Store)
School Supply Store	Shopping Cart Retrieval
Skycaps or Baggage Handlers	Sporting Goods Store
Swap Meet/Flea Market	Thrift Store
Tobacco Store	Water Delivery Service
Wine, Beer or Liquor Store	Other: _____