

Wholesale/Retail Supplement Questions

1.	Does the insured have any distribution, delivery, moving company, or freight handling operations?	2.	Does the insured operate as a pawn shop, sell firearms, sell airsoft/paintball equipment or have firearms on premises?
3.	Does the insured maintain any firearms, armed security, or guard dogs on the premises?	4.	Does the insured sell fireworks, ammunition, weapons or explosives?
5.	Does the insured have at least 2 employees of	n du	ty at all times?
6.	What safety devices do the insured's employe	es u	se when lifting?
7.	Does the insured operate as a storage warehouse, fulfillment center, mail-order, or digital-order facility?	8.	Does the insured have any off-premise, delivery, or installation operations?
9.	What percentage of the insured's total labor expense is owner/operators versus W2 employees?	10.	Do employees of the insured pick up or drop off clients?
11.	Does the insured have any of the following? Sunless tanning; Personal training)	(Tattoo	oing; Body piercing (except for ear piercing);
12.	Do drivers operate on shifts greater than 10 hours?	13.	Do drivers regularly operate during night time hours?

Signature

Applicant / Approver



Wholesale/Retail Supplement Questions (Continued)

14.	Does the store provide gasoline services, check cashing services or is open past 11 p.m.?
15.	Check which apply to the insured's operations: (Dog grooming; Locksmith; Auctioneer; Pawn shop; Shooting range; Axe throwing facility; Tobacco/cigar/hookah with smoking on premises; A store primarily engaged in the sale of fireworks, e-cigarette, vapor, CBD, marijuana, or adult novelty products; Storage of flammables, explosives, gaseous substances, chemicals, or hazardous materials; Primarily a packing company or package consolidator; The business rents, services, installs or repairs office machinery or equipment at shop or offsite; A wholesaler of prepared drugs, medicines or pharmaceuticals; Has farm exposure (such as egg dealer) or deal in live animals of any kind; Stores goods in silos; Is a door to door sales operation; Sells any alcohol or tobacco; Wholesale cold storage facility; More than 50% of sales from products other than clothing; Butchering; Gasoline receipts are equal to or greater than 90% of total sales; Rental operation; Live animals other than domestic pets; Massage service operation; Sells farm equipment or rents equipment with an operator; Is a bulk concrete ready mix dealer; Had a prior loss involving a robbery or assault; Robbery or assault at this operation in the past 3 years; Open 24 hours a day)
16.	Does the insured have 4 or more selling/operating sites on a daily basis?
17.	Is there a formal safety plan in place including a section on what to do in the event of a robbery/crime?

Signature

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