



Supplemental Application
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Supplemental Application is required prior to any quote release.
Please complete all sections or mark N/A if not applicable.

Account Name:

Location Address:

Property:

If premise is sprinklered, provide date of last annual inspection on sprinkler system:

Are fire extinguishers mounted, accessible, charged, and serviced annually? Yes No

Is there any burning on premise interior or exterior? Yes No

If yes, please provide detail:

Has the roof been inspected by a certified roofing contractor in the last 5 years? Yes No

If yes, were any deficiencies found and/or preventative maintenance performed?

Please provide details:

Any known leaks on the interior of premise? Yes No

Cooking operations protected by UL300 fixed extinguishing system? Yes No NA

Date of last inspection:

Are cooking operations (hood & ventilation) under cleaning contract? Yes No NA

If yes, date of last visit, frequency of visits and name of company:

Is there a Class K (wet chemical) fire extinguisher in all cooking areas? Yes No NA

Are there doors and covers on the compressors electrical boxes and switches? Yes No

Is there dust and/or oil build up on the compressors, switches, and electrical boxes? Yes No

Do you have a preventative maintenance program on all compressors (including HVAC)? Yes No

If yes, frequency of visits, date(s) of last service and name of company(s):

Are they a 24 hour operation? Yes No

If yes, please provide details of operation:

Buildings older than 20 years: N/A

Has Electrical been updated in the last 20 years? Yes No Year

If No: Has a licensed electrician inspected in the last 5 years? Yes No

Any additional capacity been added from the outside? Yes No Year

Any new breaker boxes and wiring been added? Yes No Year

Has the plumbing been updated in the last 20 years? Yes No Year

Has a full roof replacement been done in the last 20 years? Yes No Year

Any roof repairs done in the last 5 years? Yes No

If yes, please provide details on repairs and date(s) work was completed:

Has the HVAC been updated in the last 20 years? Yes No Year

General Liability:

Is there an active safety program addressing housekeeping and maintenance?..... Yes No

Are floors surveyed hourly and clean up procedures documented?.....Yes No

Do they have a walk-off matting program for high hazard areas?(i.e. entrance, produce)..... Yes No

Are all curbs and sidewalk edges painted and clearly marked?..... Yes No

Is there a documented customer accident investigation procedure in place?..... Yes No

Do they have a surveillance camera system in place?..... Yes No

If Yes: How many Inside Premise: Outside Premise:

Location Sales:

Total gross sales (includes pharmacy, liquor, gas):

Pharmacy sales (included in above Total Gross):

Liquor sales (included in above Total Gross):

(If Liquor Liability coverage is required, please complete separate Liquor Liability Supplement Application)

Gasoline Gallons:

Pharmacy: N/A

Is the pharmacy owned or leased?

 If owned, do pharmacist have individual professional liability coverage of at least \$1M/\$2M? Yes No

 Are you named as an additional insured on your pharmacists professional liability?..... Yes No

-If owned please complete Pharmacy Questionnaire.

-If leased please obtain a copy of Professional Liability coverage from all owners/pharmacists.

Commercial Auto Liability: N/A

If any commercial owned auto please complete below:

Auto Carrier:

Limits:

Expiration date:

Are any explosive, caustics, flammables or other dangerous cargo hauled?..... Yes No

 If yes please provide details:

Are hired and non-owned auto coverages provided on commercial auto policy?..... Yes No

Are Motor Vehicle Reports obtained on all employees that may drive on behalf of your business?..... Yes No

Have they had any auto losses greater than \$10,000 in the past five years?..... Yes No

 *If yes please attach company loss along with details of loss.

Additional comments:

Agent

Name/Signature: _____

Date: _____