



## KAPATOES INSURANCE PROGRAM DISTRIBUTORS SUPPLEMENTAL

1. Name of Business Entity: Sole Prop      LLC      Corp/Inc
2. Billing/Mailing Address:
3. Physical Premises Address:
4. Contact Name: Title:
5. Phone Number: Email: Website:
6. Number of Years in Business:
7. Estimated Annual Sales:
8. Description of Operations/Products Distributed:
9. Do you Import Products: Yes      No      N/A
- a. If Yes/ Country (s) of origin:
- b. If Yes/Do you use a United States Based Co-packer
10. Do you Distribute Products Directly: Yes      No      N/A
- a. If No/ what 3rd party do you utilize for distribution:
11. Do you perform any mixing, re-packaing, re-labeing: Yes      No      N/A
12. Do you currently carry Workers Compensation: Yes      No      N/a
- a. If Yes- please provide current declaration page to secure classifications, estimated payroll and experience modification
13. Do you currently have Commercial Vehicles/Trucks: Yes      No      N/A
- a. If Yes- please provide current vehicle schedule and drivers list
14. Do you have a physical premises/warehouse/office: Yes      No      N/A
- a. If yes, please complete page 2 of the supplemental\*
15. Do you currently have a Commercial Umbrella: Yes      No      N/A

# **PROPERTY SUPPLEMENTAL**

**\*\*only required if quoting physical premises\*\***

**1. Location Address**

**2. Description of Operations at Location:**

**3. Square Footage you Occupy:**

**4. Are there Other Tenants: Yes                      No**

**a. If Yes/ Nature of their Business**

**5. Construction of the building: Wood Frame    Brick/Concrete                      Masonry Block**

**6. Year the Building was Built:    If Older than 25 years last year updated:**

**7. Is there a Sprinkler System: Yes                      No**

**8. Is there a Central Station Burglar/Fire Alarm: Yes                      No**

**9. Business Personal Property/Contents Limit:**

**10. Food Spoilage/Refrigeration Limit:**

**11. Do you have a Refrigeration Maintenance Agreement: Yes    No                      N/A**

**a. If yes/ name of maintenance company:**

**Name of Person Completing Form:**

**Signature:**

**Date**