GREAT AMERICAN UNDERWRITING SUPPLEMENTAL

- **Food service % of sales:** _____

    o Cooking Exposure: _____

    o Fryer or Grill: _____

- **Alcohol sales - % of total sales:** _____

- **Are Internet sales less than 2% of total annual sales:** _____

- **Sales of weight loss products less than 10% of total annual sales:** _____

- **Are you currently selling any products that contain the ingredient "Kratom":** Yes ☐   No: ☐

- **Private labeling/relabeling/repackaging:** Yes: ☐   No: ☐   **% of total annual sales:** _____

    o **Number of manufacturers used:** _____

    o **Is the manufacturer or distributor is a U.S. company? Do we have a COI showing that insured is on manufacturer's policy as additional insured?** _____

    o **Specific Products Private Label:** _____

- **Does the insured formulate or reformulate products (other than food service)?** _____

- **Does the insured import direct from foreign manufacturers:** _____

- **Does the insured grow their own products:** Yes: ☐   No: ☐

- **Is the focus of vitamin stores weight-loss or body building:** _____

- **Does the risks that employ professionals to give dietary advice? If so, please obtain COI evidencing professional liability coverage:** _____

- **Does the insured have a refrigerator maintenance agreement:** Yes: ☐ No: ☐

- **Dollar value of detached signs:** _____

    Other Occupants in Strip or Center- Restaurant or Manufacturing operations:

    _____

    Years at current location: _____

    Alarm System Yes: ☐   No: ☐   **Type (Local, Central Station):** _____

    Sprinkler System: Yes: ☐ No: ☐   **Is insured responsible for maintenance:** Yes: ☐   No: ☐

- **Does the insured use volunteer labor? What is the % of volunteers vs. regular employees?** _____

    Does the insured have a written volunteer policy? Yes: ☐   No: ☐

- **Does the insured purchase and accident policy for their volunteer** Yes: ☐ No: ☐

- **What tasks do volunteers perform? Describe how they are trained for their duties** _____

    _____

Signature: _____   **Date:** _____