

**CALIF TopBOP® SUPPLEMENTAL APPLICATION
ADDITIONAL LOCATIONS**

LOCATION AND COVERAGE INFORMATION SECTION

Address of location to be insured NAMED INSURED _____
City, State, ZIP _____

Interest Owner Tenant Residential unit? Yes No Number of stories ____ Fire protection class ____
Values: Building \$ _____ Ordinance or Law B.P.P. \$ _____
Construction Frame Joisted Masonry Masonry Non-Combustible Fire Resistive or Modified F.R.
100% Protected by Sprinkler System? Yes No Area of premises (do not include basement) _____
Area Occupied by Insured _____ Other occupancies of building _____
Is building stand alone? Yes No Is building part of a shopping center or mall? Yes No Number of occupancies ____
Neighboring occupancies Left _____ Right _____ Rear _____
Additional Interest Name and Address _____

Additional Insured Loss Payee Mortgagee Grantor of Franchise Managers or Lessors of Premises Other _____

SUPPLEMENTAL COVERAGES

Perils to be insured Excluding Theft Including Theft
Money and Securities (inside/outside) \$5,000/\$5,000 \$10,000/\$5,000 (restaurant only) \$10,000/\$10,000
Additional limits (\$50,000 Business Income, \$10,000 Valuable Papers, \$10,000 Accounts Receivable, \$10,000 Baliee's and \$10,000 Computer Equipment are included)
Business Income \$ _____ Spoilage/Refrigerant \$ _____ Exterior Sign Limit \$ _____ Glass (linear foot) _____
Sewer Backup \$ _____ Systems Breakdown \$ _____ Boiler Yes No

UNDERWRITING QUESTIONS

Engage in other business activities? If yes, please describe _____
Years at this location _____ Annual Sales \$ _____
Percentage of Installation, if any? _____ Percentage of catering, if any? _____ Percentage of delivery, if any? _____
What year was the building built? _____ Age of roof _____ Has the building been upgraded? Yes No
Date of upgrades: Heating and A.C. _____ Plumbing _____ Electrical _____ Roof _____
Is there a burglar alarm? Yes No Alarm company name _____ Alarm company phone number _____
Flue system last cleaned? _____ Suppression System Yes No N/A Last Service? _____
Maintenance contract for system? Yes No Number of months _____ Hoods over all cooking surfaces? Yes No
Does the auto fire suppression system cover all cooking surfaces? Yes No If yes, name of system _____
Automatic gas or electric shut-offs for cooking? Yes No Frequency of cleaning of grease traps? _____
Are class BC or class K fire extinguishers available in kitchen? Yes No
Sale of alcoholic beverages? Yes No Liquor Sales \$ _____ Beer/Wine only? Yes No
Entertainment? Yes No Type _____ Frequency? _____
Amusement devices? Yes No Describe _____ Playground or Mechanical Devices Yes No
Maximum amount of cash kept on premises _____
Is there a safe on the premises? Yes No Frequency of deposit _____ Amount of cash kept overnight? _____
Are customers allowed access to kitchen facilities? Yes No if yes, please explain _____
Number of tables? _____ Hours of operation _____ Fast Food Table Service Lazy Susan, How many _____
Valet Parking? Yes No Table-side cooking? Yes No Table top cooking? Yes No
Fire Arms Kept on premises? Yes No