KAPATOES INSURANCE SERVICES
THE HEALTH FOOD INSURANCE GROUP

GREAT AMERICAN INSURANCE GROUP

GREAT AMERICAN UNDERWRITING SUPPLEMENTAL

- **Food service % of sales:** _____
  - Cooking Exposure: _____
  - 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:** _____
  - **Number of manufacturers used:** _____
  - **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?** _____
  - **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:** ○

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 volunteers?** Yes: ○ No: ○
- **What tasks do volunteers perform? Describe how they are trained for their duties** _____

_____

Signature: _____ **Date:** _____