STORE SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees:

How many workers do they employ?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. What is the layout of the insured's premises?

3. What are the insured's hours of operations: _____

4. Does the shop have a sufficient number of display fixtures and racks? _____ Yes _____ No. What is their condition?_____
_____

5. Is merchandise weighted to prevent racks from tipping over if they are accidentally bumped into or while merchandise is being looked at by customers?

6. What is the level of housekeeping on the insured's premises?

7. Are aisles, stairways, and walkways free of debris and clutter?

8. Has at least one employee been designated to regularly check the sales floor and straighten messy racks, fixtures, or countertops?

9. Are workers instructed in proper lifting techniques?

10. Are they taught to always lift, and then turn, and to never lift and turn simultaneously since this could lead to serious back injuries?

STORE SUPPLEMENTAL INFORMATION

INSURED NAME: _____ **DATE:** _____

AGENCY: _____ **AGENT NAME:** _____

11. What accommodations have been made to reduce the risk of Cumulative Trauma Disorders (CTDs) for workers who perform repetitive tasks?

12. Does the insured utilize staple or ticket guns (i.e., for attaching price tags) that are ergonomically designed?

13. Is the store equipped with any closed circuit video surveillance cameras?

14. Have workers been instructed on how to conduct themselves should a robbery occur? _____ Yes _____ No. (Employees should be advised to cooperate with the robber's demands, and any attempts at heroics should be strongly discouraged.)

15. Have any workers been trained in first aid or CPR?

16. Are first-aid kits readily available throughout the facility?

17. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? _____ Yes _____ No If no, explain _____