

EQUIPMENT BREAKDOWN / SPOILAGE SUPPLEMENTAL APPLICATION

This Supplemental Application along with all other requested Donegal Insurance Group Applications and/or ACORD Applications constitute the Application for Insurance.

A. APPLICANT INFORMATION

Applicant Name¹: _____ Web Site Address: _____

Quote/Policy Number: _____ Date Quote Needed: _____

Agency Name and Number: _____ Effective Date: _____

¹ Whenever used in this Application, the term "Applicant" includes all firm names, trading names, 'Doing Business As' (DBA) names, and if incorporated, the Parent Corporation and all of its subsidiaries, unless stated to the contrary in the Remarks section of this Application.

B. GENERAL INFORMATION

1. How many rooms (coolers) does applicant have holding products? _____

What type of product is being stored in each cooler?

What is the highest dollar value of product in each cooler?

2. How old is the equipment? _____

Describe any parts of applicant's electrical system that are over 30 years old (breakers, wiring, etc.)

3. Are temperature alarms installed? Yes No

Are they tied to a continuously monitored central station? Yes No

4. Does applicant have surge protection installed (electrical, phone, cable/internet)? Yes No

If yes, what type and where are they installed? _____

5. What are the business hours of operation? _____

Are the premises occupied at all times? Yes No

6. Describe the training of the staff who will react if there is a mechanical/electrical failure:

7. Does applicant have an Electrical Preventative Maintenance Program (EPM)? Yes No

If yes, who performs the work? _____

8. Describe the contingency plan / emergency response plan for power outages or equipment failures:

Are there backup generators to provide continuous power source for refrigeration equipment in the event of a power failure? Yes No

9. Are refrigeration system(s) under a formal service plan with OEM certified provider requiring at least annual maintenance? Yes No

REMARKS: