



Markel Insurance Company
 4600 Cox Road, Glen Allen, VA 23060
 Telephone: (800) 431-1270 Fax: (804) 527-7966
 Website: markelsocialservice.com

Food Bank/Warehouse Supplement

(To be attached to ACORD applications)

Markel Agent Number: _____

Business Name: _____

Submission or policy number: _____

EXPLAIN ALL "NO" ANSWERS IN THE ADDITIONAL COMMENTS SECTION

1. Please indicate the lay-out of the facility: Grocery store Self-service warehouse Full-service (customers not allowed to help themselves) Other (describe): _____
2. Is all equipment (lifting jacks, ladders, rolling pallets, carts, etc.) inspected and maintained regularly? Yes No
If yes, how often? _____
3. Are all employees and volunteers trained in the operation of all equipment? Yes No
4. Do all lifting equipment and portable ladders have weight limits posted prominently on them? Yes No
5. Are any of the following allowed in the warehouse? Eating Drinking Running Smoking
Are signs posted forbidding these actions? Yes No
6. Is there a schedule for sweeping and monitoring walk areas? Yes No
If yes, what is the frequency? _____
7. Are delivery areas separate from customer loading areas and well-marked? Yes No
8. Are parking lots and customer walk and loading areas well-maintained and well-lighted? Yes No
9. Is restocking performed during customer shopping hours? Yes No
If yes, are the areas off-limits during stocking? Yes No
10. Is there a system in place to adequately document all goods? Yes No
Are expiration dates checked on all items? Yes No
11. Check all of the following signage which is posted in the facility:
 Rules outlining standards of operation Off-limit areas Request for customers to seek assistance with reaching high shelves, operating equipment and loading or lifting heavy items Other (describe): _____
12. If the building is sprinklered:
 - a. Is the sprinkler system an Early Suppression Fast Response (ESFR) system? Yes No
 - b. Are in-rack sprinkler heads installed? Yes No
 - c. Is the system designed for the highest fire load that could be in the warehouse? Yes No
 - d. Is there at least 18 inches of clearance below all sprinkler heads? Yes No
 - e. Is the system inspected and tested at least annually by a qualified sprinkler inspector? Yes No
13. Is there clear access to all fire extinguishers and fire alarms? Yes No
14. Are empty wood pallets stored in areas away from warehoused goods? Yes No

15. Are flammables and combustibles (including aerosols) stored separately from the rest of the warehoused goods? Yes No
16. Is there sufficient space in the aisles to allow for fire control and firefighter access and easy movement of goods? Yes No
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Additional Comments:

NOTE: This Supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____