

Retail Questionnaire

Named Insured _____

1. Location of business:

a. Urban Suburban Small town Rural

b. Mall Strip plaza Freestanding Other

2. Hours of operation: _____

3. Do you sell used or second hand goods? Yes No

If yes, are used goods more than 50% of your sales? Yes No

Please describe the types of goods sold: _____

4. Any delivery to customer? Yes No

If yes, what is the radius of operations? _____ What is the percentage of
delivery? _____