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WORKERS COMPENSATION STORE SUPPLEMENT

Name of Agent: _____

Please circle the answer on the following operational questions.

- | | | |
|---|-----|----|
| Stores with wholesale and retail operations | Yes | No |
| Fruit or vegetable stores | Yes | No |
| Towel or toilet supply companies | Yes | No |
| Appliance stores | Yes | No |
| Amusement arcades | Yes | No |
| Christmas tree lots | Yes | No |
| Thrift / secondhand / pawn shops | Yes | No |
| Delivery operations | Yes | No |
| Open 24 hours | Yes | No |
| Catalog sales/mail order | Yes | No |
| Liquor Stores open after 11:00 PM | Yes | No |
| Auctioneers | Yes | No |
| Paint Stores (wallpaper only is acceptable) | Yes | No |

Please describe in detail any “yes” questions and any other detail on the operation that may not be listed above:

Date

Agent or Insured Signature

“We Can Do It”