ICE CREAM & FROZEN DESSERT SHOP SUPPLEMENTAL

Covers ice cream parlors, frozen yogurt shops, gelato shops, and shaved ice, including shops that make their own ice cream. Ice cream trucks use CWCO-SUP-ICECREAMTRUCK. Complete with ACORD 125, 126, and 140.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS

BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

HEALTH PERMIT NO.	DAIRY / FROZEN DESSERT LICENSE (IF REQUIRED)

2 OPERATIONS

RECEIPTS CATEGORY	ANNUAL AMOUNT ($)	% OF TOTAL

Categories: food; beer and wine; liquor; catering and events; retail and merchandise; delivery; other.

Products (check all that apply):
☐ Hard-pack ice cream ☐ Soft-serve ☐ Frozen yogurt (self-serve) ☐ Gelato ☐ Shaved ice ☐ Ice cream cakes

2-1 Does the shop make its own ice cream or mix from raw ingredients? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the shop host birthday parties or groups of children? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — LISTERIA, MACHINES & ALLERGENS

Listeria survives freezing: a 2015 ice cream outbreak killed three people and led to criminal penalties for the maker. Soft-serve machines and dipping wells that aren't cleaned as the manufacturer requires can harbor it, and shared scoops spread allergens.

3-1 Are soft-serve machines fully disassembled and sanitized on the manufacturer's schedule, with logs? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are dipping wells kept running or cleaned per the Food Code? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 If yes to 2-1, is the mix pasteurized, or bought pre-pasteurized from a licensed supplier? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are freezer and display temperatures monitored and logged? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are separate scoops used, or scoops cleaned, when serving customers with nut or other allergies? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are allergen-containing toppings kept separate from others? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Has a customer claimed illness or an allergic reaction? ☐ Yes ☐ No

IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — PREMISES, PARTIES & EQUIPMENT

4-1 Are floors by the counter and freezers kept dry, with mats? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-2, must a parent or guardian supervise children at every party? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 2-2, do staff keep party guests away from freezers and equipment? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are walk-in freezers equipped with inside release handles? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Is there equipment breakdown and spoilage coverage for freezers? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL & RECEIPTS

TOTAL ANNUAL PAYROLL ($)	ANNUAL GROSS RECEIPTS ($)	PARTY / CAKE RECEIPTS ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL / PRODUCTS CARRIER / LIMITS	PROPERTY / SPOILAGE COVERAGE	UMBRELLA LIMIT

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

6-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT

7-1 Are staff trained on machine cleaning before closing alone? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Are health inspections passed without critical violations? ☐ Yes ☐ No
IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE