**LESSOR’S RISK SUPPLEMENTAL APPLICATION**(Complete in addition to the ACORD Application)

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| Applicant’s Name:             Location Address:              | Agency Name:             Agent No.:       Phone No.:        |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Location No.** | **Building No.** | **Address** | **City** | **State** | **Zip Code** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

**1. GENERAL INFORMATION**

|  | **Location/Bldg.** | **Location/Bldg.** | **Location/Bldg.** |
| --- | --- | --- | --- |
| Year Built:       |       |       |       |
| Construction:       |       |       |       |
| No. Stories:       |       |       |       |
| Year Updated (Parking Areas):       |       |       |       |
| Tenant’s Occupancy:       |       |       |       |
| Building Square Footage:       |       |       |       |
| Percentage of Building that is Vacant: |      % |      % |      % |
| Percentage of Building for Apartment Rental: |      % |      % |      % |
| Parking Area Square Footage:       |       |       |       |

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| --- | --- | --- | --- |
|  | **Location/Bldg.** | **Location/Bldg.** | **Location/Bldg.** |
| How are building(s) managed (Insured or Professional Property Management Firm [PPMF]):       |       |       |       |
| If applicable, is the applicant named as an additional insured on the Property Manager’s Policy? [ ]  Yes [ ]  No |       |       |       |
| List all occupants of the building **OR** attach a tenant listing/rent roll:       |       |       |       |
| Does applicant occupy any part of the premises? [ ]  Yes [ ]  NoIf “Yes,” is the legal entity the same? [ ]  Yes [ ]  NoIf “No,” name the legal entity:      Do they have separate insurance coverage? [ ]  Yes [ ]  No |       |       |       |
| **Advise Regarding the Following Tenant Occupancies:** | **If “Yes,” Location/Bldg.** |
| • Academic fraternity or sorority houses [ ]  Yes [ ]  No |       |
| • Ammunition manufacturing and shell reloading [ ]  Yes [ ]  No |       |
| • Anhydrous ammonia dealers [ ]  Yes [ ]  No |       |
| • Apartment(s) [ ]  Yes [ ]  NoIf yes, percentage of building occupancy       % |       |
| • Assisted living facilities [ ]  Yes [ ]  No |       |
| • Bar/Tavern or Nightclub [ ]  Yes [ ]  NoIf yes, percentage of building occupancy       % |       |
| • Gentlemens clubs [ ]  Yes [ ]  No |       |
| • Barns/Farms [ ]  Yes [ ]  No |       |
| • Cabaret or Comedy clubs [ ]  Yes [ ]  No |       |
| • Circuit board manufacturers [ ]  Yes [ ]  No |       |
| • Chemical distributors [ ]  Yes [ ]  No |       |
| • Chemical manufacturing—all classes [ ]  Yes [ ]  No |       |
| • Church [ ]  Yes [ ]  No |       |
| • Commercial condominium units [ ]  Yes [ ]  NoIf yes, percentage of building occupancy       % |       |
| • Drug manufacturing—all classes [ ]  Yes [ ]  No |       |
| • Explosives or fireworks manufacturers [ ]  Yes [ ]  No |       |
| • Flea markets and bazaars [ ]  Yes [ ]  No |       |
| • Fuel or oil bulk supply stations and distribution terminals [ ]  Yes [ ]  No |       |
| • Gas manufacturers—all classes [ ]  Yes [ ]  No |       |
| • Hospitals [ ]  Yes [ ]  No |       |
| • Hotel [ ]  Yes [ ]  No |       |
| • Lead manufacturing and lead works [ ]  Yes [ ]  No |       |

|  |  |
| --- | --- |
| **Advise Regarding the Following Tenant Occupancies:** | **If “Yes,” Location/Bldg.** |
| • Office occupancy [ ]  Yes [ ]  NoIf yes, percentage of building occupancy       % |       |
| • Marijuana/Cannabis exposure [ ]  Yes [ ]  No |       |
| • Nursing/Convalescent homes [ ]  Yes [ ]  No |       |
| • Paint manufacturers [ ]  Yes [ ]  No |       |
| • Penal institutions [ ]  Yes [ ]  No |       |
| • Plastic products manufacturers [ ]  Yes [ ]  No |       |
| • Rehabilitation centers [ ]  Yes [ ]  No |       |
| • Restaurant/Deli only [ ]  Yes [ ]  NoIf yes, percentage of building occupancy       %If yes, BBQ restaurant [ ]  Yes [ ]  No |       |
| • Rubber manufacturing or rubber reclaiming [ ]  Yes [ ]  No |       |
| • Saw mill [ ]  Yes [ ]  No |       |
| • Shopping center [ ]  Yes [ ]  No |       |
| • Teen dance clubs [ ]  Yes [ ]  No |       |
| • Tire dealers, distributors, warehousing or storage [ ]  Yes [ ]  No |       |
| • Warehouses [ ]  Yes [ ]  No |       |
| • Wood products manufacturing [ ]  Yes [ ]  NoIf yes, percentage of building occupancy       % |       |

**2. FIRE/SAFETY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Location/Bldg.** | **Location/Bldg.** | **Location/Bldg.** |
| Sprinklered? [ ]  Yes [ ]  No |       |       |       |
| Percent Sprinklered:       |       |       |       |
| Smoke Detectors in each unit? [ ]  Yes [ ]  No |       |       |       |
| Hardwire or Battery (How often checked?):       |       |       |       |
| Emergency Lighting? [ ]  Yes [ ]  No |       |       |       |
| Central Station Alarms? [ ]  Yes [ ]  No |       |       |       |
| Is there an elevator? [ ]  Yes [ ]  No |       |       |       |
| Number of Elevators:       |       |       |       |
| Is an elevator maintenance agreement in effect naming the applicant as an additional insured with hold harmless? [ ]  Yes [ ]  No |       |       |       |
| Ansul System? [ ]  Yes [ ]  No |       |       |       |
| Service Agreement? [ ]  Yes [ ]  No |       |       |       |

**3. SECURITY**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Location/Bldg.** | **Location/Bldg.** | **Location/Bldg.** |
| Is security provided? [ ]  Yes [ ]  NoIf “Yes,” what type? [ ]  Guards [ ]  Cameras [ ]  Other |       |       |       |
| If there are security guards present, please answer the following questions:Are the guards: [ ]  Armed [ ]  UnarmedAre the guards: [ ]  Employees[ ]  Independent Contractors[ ]  Off Duty Police |       |       |       |
| If independent contractors: Certificates of Insurance obtained? [ ]  Yes [ ]  No |       |       |       |
| Applicant named as an individual insured with hold harmless on security’s policy? [ ]  Yes [ ]  No |       |       |       |
| Have there been any previous incidents of physical or sexual assault? [ ]  Yes [ ]  NoIf “Yes,” please explain:       |       |       |       |

**4. MAINTENANCE**

|  | **Location/Bldg.** | **Location/Bldg.** | **Location/Bldg.** |
| --- | --- | --- | --- |
| Building Maintenance/Inspection Program? [ ]  Yes [ ]  No |       |       |       |
| Parking Lot Maintenance/Inspection Program? [ ]  Yes [ ]  NoMaintenance is performed by: [ ]  Employees[ ]  SubcontractorsIf outside contractors: Certificates of Insurance are obtained? [ ]  Yes [ ]  NoApplicant is named as an additional insured with hold harmless on subcontractor’s policy? [ ]  Yes [ ]  No |       |       |       |
| Snow/Ice Removal is performed by: [ ]  Employees[ ]  SubcontractorsIf outside contractors: Certificates of Insurance are obtained? [ ]  Yes [ ]  NoApplicant is named as an additional insured with hold harmless on subcontractor’s policy? [ ]  Yes [ ]  No |       |       |       |
| Any renovations planned? [ ]  Yes [ ]  NoIf “Yes,” subcontractors cost:       |       |       |       |

**5. CONTRACTUAL INFORMATION:**

Is the landlord/tenant agreement a Triple Net Lease? [ ]  Yes [ ]  No

Certificates of Insurance required from tenants? [ ]  Yes [ ]  No

Tenants’ limits required to be equal to or greater than applicant’s? [ ]  Yes [ ]  No

Applicant named as additional insured on Tenants’ policies? [ ]  Yes [ ]  No

Hold harmless agreement in place with tenants in favor of applicant? [ ]  Yes [ ]  No

**6. Are there swimming or wading pools?**

If “Yes”:

• Number of pools:

• Pools fenced? [ ]  Yes [ ]  No

• Gates self-closing and locking? [ ]  Yes [ ]  No

• Depths marked? [ ]  Yes [ ]  No

• Swimming rules posted? [ ]  Yes [ ]  No

• Life safety equipment available at poolside? [ ]  Yes [ ]  No

• Platforms or diving boards? [ ]  Yes [ ]  No [ ]  Height:

• Slides? [ ]  Yes [ ]  No [ ]  Height:

• Certified lifeguard available when swimming is allowed? [ ]  Yes [ ]  No

• Are swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? [ ]  Yes [ ]  No

**7. Does risk engage in the generation of power, other than emergency backup power, for their own use or sale to power companies?** [ ]  Yes [ ]  No

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| If “Yes,” describe:       |

**8. Does applicant have other business ventures for which coverage is not requested?** [ ]  Yes [ ]  No

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| If “Yes,” explain and advise where insured:       |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: Date:

(Must be signed by an active owner, partner or executive officer)

PRODUCER’S SIGNATURE: Date:

AGENT NAME:       AGENT LICENSE NUMBER:

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT:

(Applicable in Iowa Only)

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| --- | --- | --- |
|  | **IMPORTANT NOTICE** |  |
|  |  |
| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. |