**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)

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| --- | --- | --- | --- | --- | --- |
| **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: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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  No  If “Yes,” is the legal entity the same?  Yes  No  If “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  No  If yes, percentage of building occupancy       % | |  | |
| • Assisted living facilities  Yes  No | |  | |
| • Bar/Tavern or Nightclub  Yes  No  If 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  No  If 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 | |  | |

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| **Advise Regarding the Following Tenant Occupancies:** | **If “Yes,” Location/Bldg.** |
| • Office occupancy  Yes  No  If 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  No  If 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  No  If 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  No  If “Yes,” what type?  Guards  Cameras  Other |  |  |  |
| If there are security guards present, please answer the following questions:  Are the guards:  Armed  Unarmed  Are 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  No  If “Yes,” please explain: |  |  |  |

**4. MAINTENANCE**

|  | **Location/Bldg.** | **Location/Bldg.** | **Location/Bldg.** |
| --- | --- | --- | --- |
| Building Maintenance/Inspection  Program?  Yes  No |  |  |  |
| Parking Lot Maintenance/Inspection  Program?  Yes  No  Maintenance is performed by:  Employees  Subcontractors  If outside contractors: Certificates of  Insurance are obtained?  Yes  No  Applicant is named as an additional insured  with hold harmless on subcontractor’s  policy?  Yes  No |  |  |  |
| Snow/Ice Removal is performed by:  Employees  Subcontractors  If outside contractors: Certificates of  Insurance are obtained?  Yes  No  Applicant is named as an additional insured  with hold harmless on subcontractor’s  policy?  Yes  No |  |  |  |
| Any renovations planned?  Yes  No  If “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** |  |
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| 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. | | |