



Mid Valley General Agency LLC
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LESSOR'S RISK SUPPLEMENTAL APPLICATION

(Complete in addition to the ACORD Application)

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:			

	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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
List all occupants of the building OR attach a tenant listing/rent roll:			
Does applicant occupy any part of the premises?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," is the legal entity the same?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," name the legal entity: Do they have separate insurance coverage?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Advise Regarding the Following Tenant Occupancies:	If "Yes," Location/Bldg.		
• Academic fraternity or sorority houses <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Ammunition manufacturing and shell reloading <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Anhydrous ammonia dealers <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Apartment(s)..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, percentage of building occupancy..... _____%			
• Assisted living facilities <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Bar/Tavern or Nightclub <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, percentage of building occupancy..... _____%			
• Gentlemens clubs <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Barns/Farms <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Cabaret or Comedy clubs <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Circuit board manufacturers..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Chemical distributors <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Chemical manufacturing—all classes..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Church <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Commercial condominium units <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, percentage of building occupancy..... _____%			
• Drug manufacturing—all classes..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Explosives or fireworks manufacturers..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Flea markets and bazaars <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Fuel or oil bulk supply stations and distribution terminals .. <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Gas manufacturers—all classes..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Hospitals <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Hotel <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Lead manufacturing and lead works..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

Advise Regarding the Following Tenant Occupancies:	If "Yes," Location/Bldg.
<ul style="list-style-type: none"> Office occupancy <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, percentage of building occupancy..... _____% 	
<ul style="list-style-type: none"> Marijuana/Cannabis exposure <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<ul style="list-style-type: none"> Nursing/Convalescent homes <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<ul style="list-style-type: none"> Paint manufacturers..... <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<ul style="list-style-type: none"> Penal institutions <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<ul style="list-style-type: none"> Plastic products manufacturers..... <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<ul style="list-style-type: none"> Rehabilitation centers <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<ul style="list-style-type: none"> Restaurant/Deli only <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, percentage of building occupancy..... _____% If yes, BBQ restaurant <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<ul style="list-style-type: none"> Rubber manufacturing or rubber reclaiming <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<ul style="list-style-type: none"> Saw mill..... <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<ul style="list-style-type: none"> Shopping center <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<ul style="list-style-type: none"> Teen dance clubs <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<ul style="list-style-type: none"> Tire dealers, distributors, warehousing or storage..... <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<ul style="list-style-type: none"> Warehouses <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<ul style="list-style-type: none"> Wood products manufacturing <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, percentage of building occupancy..... _____% 	

2. FIRE/SAFETY INFORMATION

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

3. SECURITY

	Location/Bldg.	Location/Bldg.	Location/Bldg.
Is security provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what type? <input type="checkbox"/> Guards <input type="checkbox"/> Cameras <input type="checkbox"/> Other			
If there are security guards present, please answer the following questions: Are the guards: <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed Are the guards: <input type="checkbox"/> Employees <input type="checkbox"/> Independent Contractors <input type="checkbox"/> Off Duty Police			
If independent contractors: Certificates of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant named as an individual insured with hold harmless on security's policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have there been any previous incidents of physical or sexual assault? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please explain:			

4. MAINTENANCE

	Location/Bldg.	Location/Bldg.	Location/Bldg.
Building Maintenance/Inspection Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Parking Lot Maintenance/Inspection Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Maintenance is performed by: <input type="checkbox"/> Employees <input type="checkbox"/> Subcontractors If outside contractors: Certificates of Insurance are obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No Applicant is named as an additional insured with hold harmless on subcontractor's policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Snow/Ice Removal is performed by: <input type="checkbox"/> Employees <input type="checkbox"/> Subcontractors If outside contractors: Certificates of Insurance are obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No Applicant is named as an additional insured with hold harmless on subcontractor's policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any renovations planned? <input type="checkbox"/> Yes <input type="checkbox"/> 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

If "Yes," describe: _____

8. Does applicant have other business ventures for which coverage is not requested?.....

Yes No

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)

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.