

Lessor's Risk Only Supplemental Application

GENERAL INFORMATION

Effective Date: _____

First Named Insured _____ DBA _____

List all other named insured's and explain their relationship to the First Named Insured _____

Years in business? _____ Years with same management? _____

RISK CHARACTERISTICS

Commercial Buildings - Leased to Others (describe) _____

Square Footage - Building _____sf Square Footage - Parking _____sf Annual Receipts \$ _____

Age of Building(s) _____ List vacancy percentage _____% Total number of employees? _____

Does the total building value exceed \$20,000,000? Yes No

Has the applicant had a prior bankruptcy in the past 7 years? Yes No

Is the applicant responsible for the premises maintenance? Yes No

Are persons employed or hired to perform construction, repair, or maintenance adequately trained and experienced in the operations being performed? Yes No

Is there any existing, un-repaired damage to any of the buildings?..... Yes No

During the last five years has any applicant been convicted of any degree of the crime of arson? Yes No

Is the building(s) sprinklered?..... Yes No

Are the smoke detectors hardwired? Yes No

Is the premises properly lit at night? Yes No

Are all exits free of obstruction, lighted and marked with exit signs? Yes No

Does the applicant conduct any special events that have more than 3,000 people in attendance at any time? Yes No

Are there any entertainment venues including night clubs or bars? Yes No

Sporting or social event sponsored? Yes No

Recreation facilities provided? Yes No

Does the applicant have any locations or provide services on military bases or other major governmental facilities or at airports..... Yes No

Are there any High Hazard Occupancies including but not limited to explosives, chemicals, high fuel loading (paper)? Yes No

Has there been a gap in insurance coverage? Yes No

Do your employees use their own vehicles in the course of their work for you? Yes No

Are there any owned vehicles?..... Yes No

Do you need Non-Owned and Hired auto coverage? Yes No

If yes, is there a formal driving policy that includes pre-employment MVR's? Yes No

Do you have a documented safety program?..... Yes No

Do you have a documented housekeeping program? Yes No

Is the property protected by a Central Station Alarm? Yes No

Does the insured employ security guards? Yes No

Does the insured hire a security service?..... Yes No

If yes, name of carrier, limits and effective dates _____

Is the insured named as an additional insured? Yes No

Is there a hold harmless agreement in favor of the insured?..... Yes No

Are employed or hired guards armed? Yes No

INSURANCE TRANSFER

Do all leases require tenants to provide a certificate of insurance from an insurer with a Best Rating of A-7 or better showing limits equal to or greater than the insured and listing the above insured as an additional insured on the tenants policy? Yes No

Do all landscaping, maintenance and other contractors working on the insured's premises provide a certificate of insurance from an insurer with a Best Rating of A-7 or better showing limits equal to or greater than the insured and listing the above insured as an additional insured on the contractor's policy? Yes No

(Copies of all certificates are required to complete our file)

Are there any Triple Net Leases? Yes No

RESTAURANT/FOOD SERVICE (if applicable)

Are all combustible walls greater than 18 inches from the nearest cooking unit?..... Yes No

Are all cooking units covered by hoods and vents? Yes No

Do ventilation control and fire protection systems conform to National Fire Protection Assoc. (96) guidelines? Yes No

How often is the extinguishing system serviced? _____ How often is the hood and duct system cleaned? _____

Is an automatic fuel shut-off provided?..... Yes No

Are proper portable fire extinguishers provided in the kitchen? Yes No

OPTIONAL COVERAGE AVAILABLE

(sample copies of these forms are available, please ask your underwriter, not available on all accounts)

Blanket Additional Insured?..... Yes No

General Liability Extension Endorsement?..... Yes No

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Applicant Signature: _____ Date: _____