

# **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: \_\_\_\_\_