

## **AmWINS Access Insurance Services**

## **Lessor's Risk Supplement**

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION AND ACORD 125 All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT INFORMATION								
NAM	≣:							
GEN	ERAL INFORMATION							
1.	Within the last 5 years, has the applican eviction, discriminatory rental practices, ownership of any rental property?  If <b>Yes,</b> please provide details:	invasion of pr es No □	rivacy	or other legal violations, regardin $\Box$	ng their man	agement or		
3. 4.	Total Parking Lot Square Footage:  Are any of the units vacant?							
6.	Does applicant have any connection to any of tenant's operations?   Yes  No If yes, provide details:							
7.	Does applicant have a lease agreement of the second of the			-	nt? 🗌 Y	es □No		
	<ul> <li>a. Are tenants required to name approximate submit Certificates of Insurance</li> <li>If Yes, what limits of liability and approximate submits.</li> </ul>	to applicant f				′es □ No		
	Does the lease agreement require that of dust collection, spray booth) be mainta Who is responsible for maintenance of the	ertain protect ined by the te	enant?		m,			
	<ul><li>a. If applicant is responsible, does</li><li>b. If independent contractors are u</li></ul>	applicant hire	subc	ontractors or use his own employ				
10.	c. Is a certificate of insurance obtained?  Does applicant provide security guards?  a. If yes, are the guards:   Armed   Unarmed							
	<ul> <li>b. If yes, are the guards:</li></ul>							
ΓEN	ANT INFORMATION							
11.	LIST OF ALL OCCUPANTS OF THE BU OR ATTACH A CURRENT OCCUPANT			• ,				
	Occupant	% of Occupancy		Occupant		% of Occupancy		
1			5					
2			6					

14. Do	the operations of any of th	ne tenants involve the	following:					
a.	Any tenants with inheren	tly dangerous or pollut	ion exposures (e.g. storage or					
	handling of explosive ma	terial, hazardous or to	xic chemicals, and environmental					
	or medical waste materia	ls) ?		☐ Yes ☐ No				
b.	Nightclub or Adult Enterta	inment?		☐ Yes ☐ No				
c.	Concert Hall or Movie The			$\square$ Yes $\square$ No				
d.	Any Pyrotechnics used in		s?	$\square$ Yes $\square$ No				
e.	Government Office or Age	•		☐ Yes ☐ No				
f.	Nursing Home or Assisted			☐ Yes ☐ No				
g.	Commercial Cooking?	3 ,		□ Yes □ No				
91	If <b>Yes</b> , does tenant have	an automatic extingui	shina system?	☐ Yes ☐ No				
h.	Auto Body Repair?	an adcomatic exemper	omig system.	☐ Yes ☐ No				
	If <b>Yes,</b> does tenant have	UL approved spray bo	oth?	□ Yes □ No				
i.	Carpentry or Wood work?	or approved spray so		☐ Yes ☐ No				
	If <b>Yes,</b> is there a dust col	llection system?		☐ Yes ☐ No				
j.	Welding?	ilection system:		☐ Yes ☐ No				
٦.	If <b>Yes,</b> are tanks chained	to the wall or nost wh	en not in use?	☐ Yes ☐ No				
l <sub>e</sub>	Abortion Clinics?	to the wall of post wi	len not in use:	☐ Yes ☐ No				
k.		nto#?		☐ Yes ☐ No				
Ι.	Adult or Child Daycare Ce		(Dilata -)	_				
m.	Gyms/martial arts studios	? (not inclusive or you	ja/Pilates)	☐ Yes ☐ No				
ex	5. Is insured planning a major rehabilitation/renovation (structural renovation OR exceeding 20% of the existing building value) of the premises?							
insurance, and compl in the ap informatio	including all statements, in ete and no facts have been plication for insurance, wh in and documents accompan is us to rescind the policy fr	nformation and docum suppressed, omitted c lether by omission of nying or relating to th om its inception.	statements and information contained ents accompanying or relating to the or misstated. Failure to fully disclose the suppression, or any misrepresentate application, renders coverage for a	e application are accurate the information requested ation in the statements, ny claim(s) null and void				
	PLEASE READ BE	ELOW AND COMPLE	TE SIGNATURE BLOCK ON LAST	PAGE				
the informa misrepresei incidents or	ation contained herein is nted or misstated. I know o occurrences which might	true, accurate and of no other claims or reasonably lead to a control of the cont	it. As a condition precedent to cov- complete and that no material fa- lawsuits against the applicant and I claim or lawsuit against the applican ubmission of this application does no	acts have been omitted know of no other events t. I understand that this is				
information	concerning character, gen	eral reputation, perso	edure, a routine inquiry may be m nal characteristics, and mode of livi ort, if one is made, will be provided.					
Produ	cer's Signature	Date	Applicant's Signature	Date				

<sup>\*</sup>Signing this application does not bind the applicant or the company to complete the insurance.