



ACCESS

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

NAME:

GENERAL INFORMATION

1. Within the last 5 years, has the applicant been found legally liable regarding any complaint, including alleged wrongful eviction, discriminatory rental practices, invasion of privacy or other legal violations, regarding their management or ownership of any rental property? Yes No
If **Yes**, please provide details: _____
2. Total Parking Lot Square Footage: _____
3. Are any of the units vacant? Yes No If yes, square footage of vacant units: _____
4. Does any occupant close on a seasonal basis for greater than 90 days? Yes No
5. Does applicant operate out of any part of premises?: Yes No If **Yes**, square footage and list what operations are taking place on the premises: _____
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 (including hold harmless) with each commercial tenant? Yes No
If Yes:
 - a. Are tenants required to name applicant as an Additional Insured and submit Certificates of Insurance to applicant for General Liability? Yes No
If **Yes**, what limits of liability are required? _____
8. Does the lease agreement require that certain protective safeguard systems (IE: ansul system, dust collection, spray booth) be maintained by the tenant? Yes No
9. Who is responsible for maintenance of the premises? _____
 - a. If applicant is responsible, does applicant hire subcontractors or use his own employees? _____
 - b. If independent contractors are used, provide annual subcontracted cost:\$ _____
 - c. Is a certificate of insurance obtained? Yes No
10. Does applicant provide security guards? Yes No
 - a. If yes, are the guards: Armed Unarmed
 - b. If yes, are the guards: Employees Independent Contractors
 - c. If independent contractors, do they name applicant as additional insured? Yes No
 - d. If independent contractors, are certificates of insurance obtained? Yes No

TENANT INFORMATION

11. LIST OF ALL OCCUPANTS OF THE BUILDING & PERCENT (%) OF OCCUPANCY OR ATTACH A CURRENT OCCUPANT LIST/ RENT ROLL:

	Occupant	% of Occupancy		Occupant	% of Occupancy
1			5		
2			6		
3			7		
4			8		

14. Do the operations of any of the tenants involve the following:
- a. Any tenants with inherently dangerous or pollution exposures (e.g. storage or handling of explosive material, hazardous or toxic chemicals, and environmental or medical waste materials) ? Yes No
 - b. Nightclub or Adult Entertainment? Yes No
 - c. Concert Hall or Movie Theater? Yes No
 - d. Any Pyrotechnics used in any entertainment acts? Yes No
 - e. Government Office or Agencies? Yes No
 - f. Nursing Home or Assisted Living Facility? Yes No
 - g. Commercial Cooking? Yes No
If **Yes**, does tenant have an automatic extinguishing system? Yes No
 - h. Auto Body Repair? Yes No
If **Yes**, does tenant have UL approved spray booth? Yes No
 - i. Carpentry or Wood work? Yes No
If **Yes**, is there a dust collection system? Yes No
 - j. Welding? Yes No
If **Yes**, are tanks chained to the wall or post when not in use? Yes No
 - k. Abortion Clinics? Yes No
 - l. Adult or Child Daycare Center? Yes No
 - m. Gyms/martial arts studios? (not inclusive of yoga/Pilates) Yes No

15. Is insured planning a major rehabilitation/renovation (structural renovation OR exceeding 20% of the existing building value) of the premises? Yes No
If **Yes**, please provide details: _____

Remarks:

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

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.

_____ Producer's Signature	_____ Date	_____ Applicant's Signature	_____ Date
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*Signing this application does not bind the applicant or the company to complete the insurance.