

Lessors risk supplement application form

COMPLETE IN ADDITION TO ACORD APPLICATIONS

All questions must be answered in full, answer N/A if not applicable. Application must be signed and dated by the applicant.

Applicant information

Name

Mailing Address

Proposed effective date From To 12:01 A.M., Standard Time
(at the address of the Applicant)

Applicant is ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Limited Liability Company

☐ Other (Specify):

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. Within the last 5 years has applicant had any losses? ☐ Yes ☐ No

If yes, please provide details:

3. Locations

Location No.	Address	City	State	Zip Code
1				
2				
3				
4				
5				

Location No.	List Occupancies at each Location
1	
2	
3	
4	
5	

4. Please indicate if the tenants are involved in the following

Advise regarding the following tenant occupancies. (mark yes if they apply)	Location #	/	% of Occupancy
Abortion clinics <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Academic fraternity or sorority houses <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Ammunition manufacturing and shell reloading <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Anhydrous ammonia dealers <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Any tenant/business open past 2am <input type="checkbox"/> Yes If yes, list hours of operations: <input type="text"/>	<input type="text"/>	/	<input type="text"/>
Any adult or pornographic themed store <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Any auto body shops <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Apartment(s) <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Assisted living facilities <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Bar/Tavern <input type="checkbox"/> Yes If yes, percentage of building occupancy: <input type="text"/>	<input type="text"/>	/	<input type="text"/>
Billiard or Pool Halls <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Gentlemen's Club <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Barns/Farms <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Cabaret or Comedy Clubs <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Chemical distributors <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Churches or place of worship <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Commercial condominium units <input type="checkbox"/> Yes If yes, percentage of building occupancy: <input type="text"/>	<input type="text"/>	/	<input type="text"/>
Flea markets and bazaars <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Fuel or oil bulk supply stations and distribution terminals <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Hospital, Ambulatory, Surgical, or other <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Hotel/Motel <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Office Occupancy <input type="checkbox"/> Yes If yes, percentage of building occupancy: <input type="text"/>	<input type="text"/>	/	<input type="text"/>
Marijuana/Cannabis exposure <input type="checkbox"/> Yes If yes, any growing or extractor operations? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Any Manufacturing present <input type="checkbox"/> Yes If yes, advise which type from list below:	If multiple answers in this section, please indicate which location does which type of manufacturing and percentage <input type="text"/> / <input type="text"/>		
Ammunition manufacturing and shell reloading <input type="checkbox"/> Yes			
Circuit board manufacturers <input type="checkbox"/> Yes			
Chemical manufacturing – all classes <input type="checkbox"/> Yes			
Drug manufacturing – all classes <input type="checkbox"/> Yes			
Explosives or fireworks manufacturers <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Fertilizer manufacturers <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Gas manufacturers <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Lead manufacturing and lead works <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Paint manufactures <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Plastic products manufacturers <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Rubber manufacturing or rubber reclaiming <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Wood products manufacturing <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>
Nursing/Convalescent homes <input type="checkbox"/> Yes	<input type="text"/>	/	<input type="text"/>

Penal institutions	<input type="checkbox"/> Yes	<input type="text"/> / <input type="text"/>
Recycling, dismantling, or scrap operations	<input type="checkbox"/> Yes	<input type="text"/> / <input type="text"/>
Rehabilitation centers	<input type="checkbox"/> Yes	<input type="text"/> / <input type="text"/>
Restaurant/Deli only	<input type="checkbox"/> Yes	<input type="text"/> / <input type="text"/>
If yes, percentage of building occupancy: <input type="text"/>		
If yes, BBQ restaurant?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Sawmill, logging, lumbering, and forest products operations	<input type="checkbox"/> Yes	<input type="text"/> / <input type="text"/>
Shopping center	<input type="checkbox"/> Yes	<input type="text"/> / <input type="text"/>
Teen dance clubs	<input type="checkbox"/> Yes	<input type="text"/> / <input type="text"/>
Tire Dealers, distributors, warehousing, or storage	<input type="checkbox"/> Yes	<input type="text"/> / <input type="text"/>
Warehouses	<input type="checkbox"/> Yes	<input type="text"/> / <input type="text"/>
Welding/Machine shop	<input type="checkbox"/> Yes	<input type="text"/> / <input type="text"/>
Other	<input type="checkbox"/> Yes	<input type="text"/> / <input type="text"/>
If yes, please explain:		
<input type="text"/>		

5. General Information

	Location 1	Location 2	Location 3	Location 4	Location 5
Year Built	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Construction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. Stories	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does applicant have a lease agreement (including hold harmless) with each commercial tenant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are tenants required to name applicant as an additional insured and submit certificates of insurance to applicant for General Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what limits of liability are required?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year that parking area was updated:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Building Square Footage:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Percentage of Building that is Vacant:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Square footage of building that is vacant:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Percentage of Building for Apartment Rental:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parking Area Square Footage:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If applicable, is the applicant named as an additional insured on the Property Manager's Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of the occupants close on a seasonal basis greater than 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant operate out of any part of the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, square footage and list what operations are taking place on the premises.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Location 1	Location 2	Location 3	Location 4	Location 5
Does applicant have any connection to any of the tenant's operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who is responsible for the maintenance of the premises? The tenant or the Applicant?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If applicant is responsible for maintenance, does applicant hire subcontractors or use own employees?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If independent contractors are used by either party, provide annual subcontracted cost.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If subcontractors are used, are certificates of insurance provided to either party?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant provide security guards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If security guards are provided, are the guards:	<input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	<input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	<input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	<input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	<input type="checkbox"/> Armed <input type="checkbox"/> Unarmed
If there are security guards, are they employees (E) or independent contractors (I)?	<input type="checkbox"/> E <input type="checkbox"/> I	<input type="checkbox"/> E <input type="checkbox"/> I	<input type="checkbox"/> E <input type="checkbox"/> I	<input type="checkbox"/> E <input type="checkbox"/> I	<input type="checkbox"/> E <input type="checkbox"/> I
If independent contractors, do they name applicant as additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If independent contractors, are certificates of insurance obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is insured planning a major rehabilitation/ renovation (structural renovation or exceeding 20% of the existing building value of the premises)? If yes, provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
Has there been any previous criminal activity at the property, even prior to ownership? If so, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>

6. Fire/Safety Information

	Location 1	Location 2	Location 3	Location 4	Location 5
Sprinklered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percent Sprinklered:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Smoke Detectors in each unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hardwire or Battery	<input type="checkbox"/> Hardwire <input type="checkbox"/> Battery	<input type="checkbox"/> Hardwire <input type="checkbox"/> Battery	<input type="checkbox"/> Hardwire <input type="checkbox"/> Battery	<input type="checkbox"/> Hardwire <input type="checkbox"/> Battery	<input type="checkbox"/> Hardwire <input type="checkbox"/> Battery
How often checked?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Lighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central Station Alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Remarks/Information regarding anything important for the occupant. If talking about a specific location, please list which location number it is.

Applicant's Warranty Statement

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

Fraud statement

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant: _____

Title: _____ Date: _____

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant; and that the undersigned is retaining a duplicate signed copy hereof.

Signature of Retail Agent: _____ Date: _____