



SPECIALTY PROGRAMS & FACILITIES MANAGERS, INC.

An Amwins Company

Specialty Insurance Advantage, Inc. Supplemental Single Location Residential/Mixed-Use/Commercial

Named Insured: _____ Effective Date: _____

Location Address: _____ City: _____ State: _____ Zip Code: _____

Inspection Contact: _____ Phone Number: _____

Building Value: _____ Rental Value @ 100% _____ BPP/Contents: _____

Year Built: _____ Year Purchased: _____ Square Footage: _____

Construction Type: _____

- a) If frame construction, is building bolted?
b) If building is not bolted, is there a seismic gas shut-off valve?
c) Is building retrofitted?
d) Any plans for renovation?
e) Third Party Manager Info (if applicable):
f) % Sprinkler:
g) Smoke Alarms:

Building Improvements/Updates:

- a) Plumbing Year: Type of plumbing:
b) Electrical Year: Type of wiring: Breakers Fuses
c) Roof Year: Type of roof:

Buildings: # Stories: # Pools: # Residential Units:

Commercial Sq Ft: Residential Sq Ft: % Occupied: % of Students: % of HUD/Subsidized:

Protection Class (1-10): Roof Top Access Yes No

Description of Operations: _____

Restaurant Exposure, number of years in business: Type of Fire Suppression:

Date of annual service of Ansul System: _____

Commercial Use: Does the insured obtain certificates of insurance from tenants adding them as Additional Insured? Yes No

Armed Security Guards on Premises: Yes No

Are tenants allowed to have dogs? Yes No

**Your signature warrants that there are no aggressive dogs currently residing at your building and that your rental policy is not to rent to tenants who have aggressive dogs. Aggressive dogs include Doberman Pincers, German Shepherds, Pits Bulls and Rottweilers. Also, tenants cannot have more than two dogs.

Has the insured (past or present) been involved in construction/development of the property? Yes No

Any losses in the last 5 years? Yes No Open claims? Yes No 5 Year Loss Ratio:

Has the insured been sued for any reason in the last 5 years? If yes, please explain:

Do you have knowledge of mold forming on any part of interior or exterior of your building(s): Yes No

Prior Insurance Carrier: Years w/ Carrier: Expiring Premium (target):

Coverage Requested (Check all that apply):

Property: General Liability: Pollution: Umbrella \$5M:

Insured Signature: Date:

Agents Signature: Date: