



LESSORS RISK SUPPLEMENTAL APPLICATION

SECTION A: Applicant Information

1. Applicant Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Location Address: _____ City: _____ State: _____ Zip: _____
Website: _____ Phone Number: _____

SECTION B: Business Information

1. Form of Insured's business:
☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____
2. Type of business:
☐ Property Manager ☐ Restaurant Operator ☐ Property Owner Commercial
☐ Hotel/Motel Operator ☐ Other: _____
3. Part occupied by Named Insured:
☐ Entire Part ☐ Portion: _____ % ☐ Other (Lessor's Risk Only)
4. Date business was established: _____ Years Insured has been in business: _____ Years of experience: _____
5. Does the Insured have formal lease with all commercial tenants with hold harmless/indemnification wording, additional insured requirements and obtaining certificates of insurance on an annual basis? ☐ Yes ☐ No
6. Indicate types of independent contractors used (construction, janitorial, professional, etc.):

7. Are certificates of insurance received from all independent contractors? ☐ Yes ☐ No
8. Are there any hold harmless/indemnity agreements between the Insured and independent contractors? ☐ Yes ☐ No
If no, explain: _____
9. Is there any history of bankruptcy or foreclosure? ☐ Yes ☐ No
If yes, explain: _____
10. List all outstanding judgements or current legal actions against the Insured:

11. State total gross receipts: _____

SECTION C: Premises Information

1. Describe all procedures for responding to tenant complaints:

2. Describe all procedures, including inspections made of each unit that are followed when a tenant vacates a unit:

3. Who handles building maintenance? ☐ Tenants ☐ Insured
4. Are tenants responsible for repairs and maintenance of the property and/or unit? ☐ Yes ☐ No
If yes, explain: _____
5. Is there any storage of flammable or hazardous material on premises? ☐ Yes ☐ No
6. If over 3 stories, does each floor have at least two means of egress? ☐ Yes ☐ No
If yes, are exits directly to the outside? ☐ Yes ☐ No
If not directly to the outside, explain: _____
7. Are all interior stairwells completely enclosed with noncombustible material? ☐ Yes ☐ No

Restaurant Information ☐ N/A

1. Is there a restaurant on the premises? ☐ Yes ☐ No
2. Where is it located? (top floor, first floor, below ground, etc.): _____
3. Is there a fire suppression system over 100% of the cooking area? ☐ Yes ☐ No
4. Is restaurant equipped with an automatic sprinkler system? ☐ Yes ☐ No
If yes, explain: _____

SECTION D: Security Information

1. Are there security guard(s) or watchmen on the premises? ☐ Yes ☐ No
2. Are security guards armed? ☐ Yes ☐ No
3. Are security guards employees or independent contractors? _____
4. If contracted, are security guard personnel required to provide certificates of insurance with limits and coverage equal to that of your general liability policy? ☐ Yes ☐ No
5. If contracted, are security guard personnel required to name Insured's company as an additional insured under the general liability policy? ☐ Yes ☐ No

SECTION E: Owned, Hired, and Non-Owned Auto ☐ N/A

1. Are there any owned autos? ☐ Yes ☐ No
2. MVRs at hire: _____
MVRs annually: _____
3. Is there any personal or family use of owned vehicles? ☐ Yes ☐ No
4. Does Insured verify that each employee driving for business purposes has a valid government issued driver's license and carries sufficient personal insurance in accordance with minimum state insurance requirements? ☐ Yes ☐ No
5. Does Insured prohibit business driving rights for any individual with prior incidence of license suspensions, revocations, or DUI convictions? ☐ Yes ☐ No
6. Have there been any hired and non-owned auto losses in the past five years? ☐ Yes ☐ No
If yes, please attach a detailed list of losses

SECTION F: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____