**Lessor’s Risk Supplemental Application**

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| --- | --- |
| Named insured |       |
| Location address |       |

**Complex Information**

|  |  |
| --- | --- |
| Number of buildings within the complex? |       |
| Approximate distance between buildings? |       N/A [ ]  |

**Building Information**

|  |  |
| --- | --- |
| Owner of property does NOT operate any of the businesses located on the premises | True [ ]  False [ ]  |
| All commercial tenants are required to carry insurance and the owner/manager obtains certificates of insurance from all commercial tenants as evidence of general liability | True [ ]  False [ ]  |
| Applicant has a lease in place with all occupants of the building | True [ ]  False [ ]   |
| How many years has the applicant been at current location? |       |
| Property meet all local zoning codes | True [ ]  False [ ]  |
| Lease provision requires tenant(s) to maintain general liability insurance with applicant listed as additional insured | True [ ]  False [ ]  |
| Lease requires tenant(s) to maintain and/or repair the premises, including keeping such premises free of snow and ice including: sidewalks, driveways, parking lots etc.If false, who is responsible?       | True [ ]  False [ ]  |

**Building Systems**

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| --- | --- |
| Is the building heated by electric baseboard heat? | Yes [ ]  No[ ]  |
| Does any part of the complex use fuses as over-current protection? | Yes [ ]  No[ ]  |
| Does building have FPE Stab-Lok type electrical panels? | Yes [ ]  No[ ]  |
| Is aluminum wiring present? | Yes [ ]  No[ ]  |
| If yes, is it properly pig-tailed? | Yes [ ]  No[ ]  N/A [ ]  |
| If yes, when was the complex retrofitted?  |       N/A[ ]  |
| If yes, was it performed by a licensed electrician? | Yes [ ]  No[ ]  N/A [ ]  |
| Were COPALUM devices used? | Yes [ ]  No[ ]  N/A [ ]  |
| Is the roof wood shake?  | Yes [ ]  No[ ]  |
| What type of roof cover is used? (asphalt, tile, slate, tar & gravel) |       |
| In what year was the roof covering last replaced? |       |
| Does the building have wood shake siding? | Yes [ ]  No [ ]  |

**Fire Protection**

|  |  |
| --- | --- |
| Is the building sprinklered? | Yes [ ]  No[ ]  |
| If yes, what percentage is covered? |       N/A [ ]  |
| If yes, does the sprinkler system contain earthquake bracing? | Yes [ ]  No[ ]  N/A [ ]  |
| Does the building contain standpipes? | Yes [ ]  No[ ]  |
| Are fire extinguishers present in all applicable areas? | Yes [ ]  No[ ]  |
| Is all fire protection equipment covered by a service contract for maintenance? | Yes [ ]  No[ ]  |

**Life Safety**

|  |  |
| --- | --- |
| Are smoke detectors battery operated or hardwired? | Battery [ ]  Hard Wired [ ]  |
| If battery operated, is there a battery replacement plan? | Yes [ ]  No[ ]  |
| Is there a fire alarm? | Yes [ ]  No[ ]  |
| Is it centrally monitored? | Yes [ ]  No[ ]  |
| Is there an enunciator panel? | Yes [ ]  No[ ]  |
| Do all units have carbon monoxide detectors? | Yes [ ]  No[ ]  |
| Are exit signs illuminated? | Yes [ ]  No[ ]  |
| Is emergency lighting present? | Yes [ ]  No[ ]  |
| Are evacuation procedures posted? | Yes [ ]  No[ ]  |
| Do living units discharge directly to outside? | Yes [ ]  No[ ]  |
| If no, does the common area have two means of egress? | Yes [ ]  No[ ]  N/A [ ]  |

**Additional Exposure**

|  |  |
| --- | --- |
| Does the premise contain any high hazard exposure? | Yes [ ]  No[ ]  N/A [ ]  |
| If yes, please describe: n/a |  |
| Does the premise contain commercial cooking exposure? | Yes [ ]  No[ ]  N/A [ ]  |
| If yes, is it properly protected with hood and duct and ansul system? | Yes [ ]  No[ ]  N/A [ ]  |
| If yes, is there a manual shut off installed? | Yes [ ]  No[ ]  N/A [ ]  |
| If yes, how often are the hoods and ducts cleaned? |       N/A [ ]  |
| If yes, how often is the grease filter cleaned? |       N/A [ ]  |
| If yes, do they have a deep fryer? | Yes [ ]  No[ ]  N/A [ ]  |
| If yes, does it have a high temperature switch? | Yes [ ]  No[ ]  N/A [ ]  |
| Is there underground parking or an indoor parking garage? | Yes [ ]  No[ ]  |
| If yes, the approximate square footage? |       N/A [ ]  |
| Outdoor parking lot? If yes, total square footage:       | Yes [ ]  No[ ]  |
| Are there any owned docks, marinas or boat slips? | Yes [ ]  No[ ]  |
| Is there any facility on the property which involves the care or control of children? | Yes [ ]  No[ ]  |
| Is there armed security? | Yes [ ]  No[ ]  |
| Are there any structural renovations ongoing or planned during our policy term? |  Yes [ ]  No[ ]  |
| Vacancy rate? |       |
|  |  |

**Other Information**

|  |  |
| --- | --- |
| Is the building managed by the owner or third party management firm? | Owner [ ]  Third Party [ ]  |
| Is the building designated smoke free? | Yes [ ]  No[ ]  |
| Are subcontractors allowed to work without providing you with a COI? | Yes [ ]  No[ ]  |
| Do your subcontractors carry coverage’s or limits less than yours? | Yes [ ]  No[ ]  |
| Are there any owner automotive vehicles? Please provide year, make , model and usage:       | Yes [ ]  No[ ]  |
| Are hold harmless agreements in the insureds favor in place for all contractors working on the insured premises and for any commercial tenants? | Yes [ ]  No[ ]  |
| Does any insured own or manage any other properties? | Yes [ ]  No[ ]  |

**Occupants currently at location:**

|  |  |
| --- | --- |
| **Occupant** | **Description of occupancy** |
|       |       |
|       |       |
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Signature(s) – owner, insured, applicant

The signature below constitutes acknowledgment of information provided on this supplemental application and any other application or forms that may have been included as part of the application for insurance. This may include but is not limited to various Acord forms, a statement of values, a schedule of locations and/or a lead supplemental application.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Name |       |
| Signature |       | Signature |       |
| Date |       | Date |       |

Any person who knowingly and with the intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: Substantial] civil penalties, (not applicable in CO, HI, NE, OH, OK, OR; in ME and VA, Insurance benefits may also be denied)