**Lessor’s Risk Supplemental Application**

|  |  |
| --- | --- |
| 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**

|  |  |
| --- | --- |
| 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)