



**LESSOR'S RISK
APPLICATION SUPPLEMENT**

1. Proposed First Named Insured & Other Named Insured(s):

2. Mailing Address Street City County State ZIP Code

3. Location Address Street City County State ZIP Code

4. Telephone: _____ Fax: _____
 Website: _____

5. Contact person/phone #: _____ Inspection: _____
 Accounting/Records: _____

6. Business Type: Individual Partnership Corporation LLC Trust
 Other (specify): _____

7. Part occupied by Named Insured: Entire Portion (%) Other (Lessor's Risk Only)

8. Date Business Established: _____
 If new venture, provide prior experience: _____

9. Effective Date Desired: From: _____ To: _____ Term Desired: _____

PREVIOUS INSURER & LOSS HISTORY – Attach separate sheet if necessary See Loss Runs Attached

Missouri Applicants: **DO NOT** answer this question.
 Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?
 No Yes - If Yes, give name of company, date, and reason:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 3 years:

Policy Dates	Carrier	Policy Number	Premium	Coverage	Losses/ \$ Amount	Description of Loss

BUSINESS INFORMATION

1. Years in Business: _____ Years Experience: _____

2. Mortgagee/Loss Payee: _____

3. Date Property was purchased: _____

4. Type of Business: Property Owner Habitational (*complete Habitational Suppl.*) Property Manager
 Restaurant Operator Property Owner Commercial Hotel/Motel Operator
 Other (describe): _____

5. List all tenants and their occupancies: _____

6. Protections Class: 1-4 5-6 7-8 9-10 Distance to nearest hydrant: _____

7. Number of Stories: _____ Area (sq. ft.) of building: _____
 Provide details of locations in excess of 15 stories: _____

8. Construction: Frame Brick Veneer Masonry Metal Clad Fire Resistive
 Other (describe): _____

9. Condition: Good Fair Poor Other: _____ Year Built: _____

10. Updates to the current structure (indicate year when each update was completed):
 Wiring: _____ Plumbing: _____ Roofing: _____
 Heating: _____ Other: _____
 Is there aluminum wiring? Yes No

11. Is there any storage of flammable or hazardous material on the premises? Yes No
 If yes, explain: _____

12. Does the property contain any fire divisions or fire walls? Yes No
 If yes, explain: _____

13. Occupancy: Middle Class Low Income Subsidized Elderly Assisted Living
 Average Monthly Rent Per Unit: \$ _____ Occupancy Rate: _____ %
 If more than 50% vacant or unoccupied, provide details: _____

COVERAGE INFORMATION

1. Causes of Loss: Basic Special Form

2. Deductible: \$500 \$1,000 Other: \$ _____

3. Description and Location of Property Covered:

Item	Coinsurance	Amount of Insurance	Address and Complete Description of Building
Building			
Contents			

	Yes	No
4. Does each room have a smoke alarm?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are the smoke alarms hardwired?	<input type="checkbox"/>	<input type="checkbox"/>
b. Central station?	<input type="checkbox"/>	<input type="checkbox"/>
c. Frequency management checks operation of each detector:		
d. Is a record kept of these checks?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is there a manually operated fire alarm system on each floor, with audible alarm devices?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does each floor have at least two properly marked exits?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are these exits directly to the outside?	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain: _____		
b. Are all interior stairwells completely enclosed with a noncombustible material?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the structure have a sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>
a. Is the structure completely sprinklered?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the structure partially sprinklered?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the sprinkler system have a "water flow alarm" connected to a recognized central station facility or a fire or police department which is manned 24 hours a day?	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain: _____		
d. Is there a watchman using a portable clock marking bi-hourly tours of the building during non-daylight hours and weekends?	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain: _____		
7. Is there a restaurant located on the premises? <i>If yes, complete Restaurant Supplement.</i>	<input type="checkbox"/>	<input type="checkbox"/>
a. Is it on the top floor?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is it below ground?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is there a fire suppression system over 100% of the cooking area?	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain: _____		

d. Is the restaurant equipped with an automatic sprinkler system? Yes No

If no, explain:

Annual Liquor Sales: \$

Annual Food Sales: \$

Yes No

- | | | | |
|-----|---|--------------------------|--------------------------|
| 8. | Do you have security guard personnel on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| | a. If yes, indicate: <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed | | |
| | b. Are security guard personnel on the premises 24 hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| | c. Are security guards employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| | d. Are security guards contracted? If yes: | <input type="checkbox"/> | <input type="checkbox"/> |
| | (1) Are contracted security guard personnel required to provide certificates of insurance with limits and coverages equal to that of your general liability policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (2) Are contracted security guard personnel required to name your company as an additional insured under the general liability policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Are there signs of criminal or gang activity on or near the properties? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Have the properties experienced any criminal activity regardless if such activity led to the reporting of a formal claim? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Lead Exposures: | | |
| | a. Have any of the above listed buildings undergone lead abatement or lead hazard control? If yes, attach copy of report. | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. For each of the above listed buildings, indicate whether there has been a lead survey or other environmental assessment and attach copies if reduced to writing. | | |
| | c. Have there been any lead liability losses? | <input type="checkbox"/> | <input type="checkbox"/> |
| | d. Are any statutes, standards or other city, state or federal regulations relating to lead contamination or lead poisoning prevention with which you are not in compliance? | <input type="checkbox"/> | <input type="checkbox"/> |
| | e. Have you been prosecuted for contravention of any standard or during the last 5 years law relating to lead contamination or lead poisoning prevention? | <input type="checkbox"/> | <input type="checkbox"/> |
| | f. Describe any suits or claims made against you involving lead contamination during the last 5 years. | | |
| | g. Describe any notices of abatement, notices of lead contamination or reports concerning a lead-poisoned child or the presence of lead in any unit or building you own or have owned, whether or not listed above. <input type="checkbox"/> NONE | | |
| | h. If you have received such notices, indicate when, by whom, whether a final inspection was made by any agency or entity and whether the violation was removed. | | |
| 12. | Who paints the units? <input type="checkbox"/> Tenants <input type="checkbox"/> Insured | | |
| | Was each unit in each building painted within the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 13. | Are you in compliance with applicable laws and ordinances pertaining to licensing or codes? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | If no, explain: | | |
| 14. | Describe all procedures for responding to tenant complaints. | | |
| 15. | Describe all procedures, including inspections made of each unit that are followed when a tenant vacates a unit. | | |
| 16. | Are tenants required to carry insurance in your favor for property and/or liability exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

17. Are tenants responsible for repairs and maintenance of the property? Yes No
 If yes, explain:

18. Indicate types of independent contractors used (i.e. construction, janitorial, professionals, etc.):

a. Are certificates of insurance received from all independent contractors? Yes No

b. Are there any hold harmless/indemnity agreements between the Insured and independent contractors?
 Yes No
 If no, explain:

19. Is there any history of bankruptcy or foreclosure? Yes No
 If yes, provide details:

20. List all outstanding judgments or current legal actions against the Insured:

21. Are there any affiliated or subsidiary companies? Yes No If yes, provide the following details:

Name	Address	Nature of Association

22. Indicate any other unusual circumstances you feel could affect your finances in the near future.

23. Gross sales for each of the last three (3) years and gross net profits for each period in round figures:

Year	Sales	Gross Profit (Loss)	Net Profit (Loss)

FRAUD STATEMENTS

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date

Producer Name and Address