



LESSOR'S RISK ONLY SUPPLEMENTAL APPLICATION

Named Insured: _____ Website: _____

Mailing Address: _____ Location Address: _____

Describe all Operations in Detail:

GENERAL INFORMATION

- 1. Year Built: _____ Construction: _____
 Number of Stories: _____ Total Square Footage: _____
- 2. Type of Occupancy*:

<input type="checkbox"/> Office	<input type="checkbox"/> Strip Mall	<input type="checkbox"/> Indoor Shopping Mall	<input type="checkbox"/> Outdoor Market
<input type="checkbox"/> Manufacturing/Industrial	<input type="checkbox"/> Bank	<input type="checkbox"/> Medical Facility	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Bar/Tavern/Night Club	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Nursing Home/Group Home/Assisted Living	
<input type="checkbox"/> Gas Station	<input type="checkbox"/> Land	<input type="checkbox"/> Mercantile – Single Occupant	
<input type="checkbox"/> Other (Describe): _____			

*Please provide full list of tenants and or rent/roll.

SAFETY INFORMATION

- 3. Emergency Lighting Yes No
- 4. Cameras Yes No
- 5. Sprinklered Yes No
- 6. Smoke Detectors Yes No
- 7. Elevators Yes No
- 8. Central Station Alarms Yes No
- 9. Does the Property Have a Parking Lot or Garage? Yes No
- 10. Who Is Responsible for the Care and Maintenance of The Property? (Buildings, Sidewalks, and Parking Lots)?

- 11. Are Certificates of Insurance Required From Tenants? Yes No
- 12. Do Lease Agreements Contain Hold Harmless Wording in Insureds Favor? Yes No
- 13. Does Insured Have Any Ownership in any of the Tenants Businesses? Yes No
- 14. Are any Security Guards Employed by Insured? Yes No

15. Loss Summary (Please attach hard copy loss runs)

	Expiring Term	Prior Term	2nd Prior Term	3rd Prior Term	4th Prior Term
Total Incurred	\$	\$	\$	\$	\$
Provide Details of any Losses					

GENERAL FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE