



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

LESSOR'S RISK SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:		Agency/Agent:	
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:		
Effective Date:			
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

Please attach copies of the following:

- a) *Currently valued five year loss runs, including claim detail for all losses open or exceeding \$10,000*
- b) *Applicant's brochure, description of operations, or marketing materials if a website is not available*
- c) *A completed Kinsale General Casualty Schedule of Locations Supplemental Table for your premises*
- d) *A complete list of all of your current tenants and their type of business operations*

3)

Mailing address:

Address: _____

City: _____ State: _____ Zip Code: _____

4)

Please complete the below table regarding your revenues:

	Upcoming Year (est.):	Last 12 Months:	One Year Prior:	Two Years Prior:	Three Years Prior:
Revenue					

5)

Audit/Inspection contact: _____

a. Phone number: _____

b. Email: _____

OPERATIONS

6) What type of Lessor's Risk property(ies) do you operate? Check all that apply and provide a percentage of operations for each:

Tenant	Percentage of Tenants
<input type="checkbox"/> Office	
<input type="checkbox"/> Industrial/Manufacturing	
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Retail	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____	
TOTAL	

7) How long have you been in operation under this business name or any others (please provide any prior entities or additional entities/DBAs to be covered)? _____

8) Do you occupy and operate any location for which you are seeking Lessor's Risk coverage? Yes No

9) Do you have any tenants operating the below types of business? Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Discount Store | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Liquor Store |
| <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Nightclub | <input type="checkbox"/> Gentleman's Club |
| <input type="checkbox"/> Children's Museum | <input type="checkbox"/> Children's Amusement Center | <input type="checkbox"/> Arcade |
| <input type="checkbox"/> Medical Facility | <input type="checkbox"/> Cannabis Dispensary | <input type="checkbox"/> Cannabis Grower/Processor/Mfg. |

10) Do any tenants stay open past midnight? Yes No

11) Are all tenants required to carry Liability insurance? Yes No

a. Are tenants required to provide you a COI showing that you are named as an Additional Insured? Yes No

b. Do you collect updated COIs annually? Yes No

SAFETY INFORMATION

12) Do you have any premise security? Yes No

a. If yes, are these personnel employed by you? Yes No

+ If no, is the third party service required to hold you harmless for their operations and provide a COI showing proof of liability insurance? Yes No

b. Do you utilize any off-duty police officers for security? Yes No

+ If yes, do officers carry their service firearms while on your premise? Yes No

+ Do you contract K9 unit officers who bring their dog to your premise? Yes No

c. Are security guards armed? Yes No

+ If yes, do they carry firearms? Yes No

+ Tasers/stun guns? Yes No

+ Mace/pepper spray? Yes No
+ Other: _____

- 13) Do you handle snow and ice removal at all premises? Yes No
a. If yes, is snow and ice removal performed by a third party contractor? Yes No
b. Do you require a written contract with hold harmless wording in your favor from this contractor? Yes No
c. Are contractors required to provide a COI evidencing liability insurance which grants you Additional Insured status? Yes No
d. What are your procedures for snow and ice removal when not handled by a snow and ice removal contractor?

e. Do you maintain written records logging both self-performed and contractor performed snow and ice removal? Yes No
- 14) Do you have any construction planned during the next 12 months? Yes No
a. If yes, please describe: _____

LOSS HISTORY

- 15) Have you had any Liability claims that were or were not covered by insurance? Yes No
If yes, please attach an explanation.
- 16) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company? **If yes, please attach an explanation.** Yes No
- 17) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? **If yes, please attach an explanation.** Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 civil penalties.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____