

**LESSOR'S RISK SUPPLEMENTAL** (Complete in addition to ACORD Application)

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

Locations (Street, City, County, State and ZIP Code)

1	
2	
3	
4	
5	

**GENERAL INFORMATION** Where appropriate, use **Y** (Yes) or **N** (No)

Location:	1	2	3	4	5
Tenant Name					
Description of Operations					
Business Hours					
# Stories					
Square Footage					
Parking area (sq. ft.)					

	Yes	No	N/A
1. Does the Insured occupy any scheduled location for any business purpose? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the Insured have an ownership interest in any tenant's businesses? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	
3. <b>Lease:</b> Is a Lease Agreement executed with all tenant(s)? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Does the Lease Agreement include Hold Harmless in favor of applicant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are the tenant(s) required to list the applicant as Additional Insured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are the tenant(s) contractually required to maintain any part of the premises? Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Safety and Security:</b>			
a. Have any violent crimes been reported at any scheduled location?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the applicant, property manager or tenant(s) subcontract security guards? If yes, is the applicant listed as an Additional Insured on their liability policy? Are security guards armed?	<input type="checkbox"/>	<input type="checkbox"/>	
5. <b>Property/Premises:</b> If subcontractors perform renovations, janitorial, lawn care, snow removal and/or other maintenance services:	<b>Yes</b>	<b>No</b>	
a. Are certificates of insurance on file?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are coverage limits equal to or greater than applicant's policy limits?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Any ongoing or planned structural renovations? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	
In accordance with applicable building codes:			
a. Are heat and smoke detectors in all units? If battery operated, are batteries replaced at least every 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are there fire extinguishers on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are sidewalks, driveways and parking lots regularly maintained with adequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is there emergency lighting?	<input type="checkbox"/>	<input type="checkbox"/>	
e. Is there a central station fire alarm?	<input type="checkbox"/>	<input type="checkbox"/>	

- |   | <b>Yes</b>   | <b>No</b>  |
|---|--|--|
| 6. Is there a pool on premises?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 7. Have you had any prior losses due to mold, fire, water, weather, slip & fall?<br>If yes, explain: _____  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 8. Does the applicant desire Assault or Battery coverage?<br>If yes, has there been or are there currently any allegations, incidents, losses or claims for assault or battery?<br>If yes, provide details: _____ | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |

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**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.

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**SIGNATURES**

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		