

Lessor's Risk Supplemental Application

TIPS FOR COMPLETING:

PDF forms can be completed in several ways. They can be opened and filled out digitally using tools like Adobe Acrobat Reader, web browsers, or online PDF editors, which allow you to type directly into the form fields. Many mobile apps also support filling and signing PDFs on phones or tablets. However, if you prefer not to complete the form electronically, you can simply print it out and fill it in by hand. Once completed, the form can be scanned or photographed and sent as needed.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Form of Business: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other: _____

Property Type: ☐ Commercial ☐ Industrial ☐ Retail ☐ Office ☐ Other: _____

Description of Operations: _____

Section II – Eligibility Criteria

1. Applicant is the owner of all properties ☐ True ☐ False
2. Applicant has a lease in place with all occupants whether or not they are involved in ownership ☐ True ☐ False
3. All commercial tenants, other than self-insured governmental entities, are required to carry insurance and the owner/property manager obtains certificates of insurance from all tenants ☐ True ☐ False
4. No tenant(s) of the building are a bar or night club ☐ True ☐ False
5. No commercial cooking with extinguishing systems not in compliance with NFPA #96 ☐ True ☐ False
6. No tenant is a medical marijuana grower, hospital, nursing home, assisted living facility, elder care facility or any healthcare facility with an overnight or residential exposure ☐ True ☐ False
7. No past, pending or planned bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually in the past five (5) years ☐ True ☐ False

Section III – Building & Tenant Information

1. Please complete the following:
Years owned by Insured: _____ Building Square Footage: _____ Number of Stories: _____
Age of Building: _____ Parking Square Footage: _____ Vacancy Percentage: _____
2. If building is over 15 years old, when were the following updates performed?
Heating/HVAC: _____ Electrical/Wiring: _____ Plumbing: _____
Roof: _____ Parking Areas: _____
3. Please provide detail list of the Insured's Tenants:
If this schedule is not sufficient to list all tenants, please provide all information on a separate sheet.

Name of Tenant	Description of Operations	Length of Tenancy	Square Footage Occupied
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Section IV – General Information

1. How many years has the applicant been at current location? _____
2. Does the applicant occupy and operate out of any portion of the building? ☐ Yes ☐ No
If YES, description of your operations: _____
3. Are there any ongoing structural renovations or planning during our policy term? ☐ Yes ☐ No
4. Any apartment units in the building? ☐ Yes ☐ No
If YES, number of units: _____
5. Are any of the tenants manufacturers? ☐ Yes ☐ No
a. If so, please describe any manufacturing operations in the building:
6. Are all commercial cooking areas covered by a UL300 extinguishing system? ☐ Yes ☐ No
7. Are there any Underground Storage Tanks on the property? ☐ Yes ☐ No
If YES, what do they contain: _____
8. Has the property ever received any safety or health code violations? ☐ Yes ☐ No
9. Do any tenants stay open past midnight? ☐ Yes ☐ No

Section V – Contractual Information

1. Is the landlord/tenant agreement a “Triple Net Lease”? ☐ Yes ☐ No
2. Does the lease have a provision requiring tenant(s) to maintain general liability insurance with applicant named as additional insured? ☐ Yes ☐ No
3. Does the lease require tenant(s) to maintain and/or repair the premises, including keeping such premises free of snow and ice, adjacent to the building (e.g., sidewalks, driveways, parking lots, etc.)? ☐ Yes ☐ No
4. Does the Applicant require all commercial tenants to carry general liability insurance? ☐ Yes ☐ No
If YES:
 - a.** Are certificates of insurance obtained confirming coverage? ☐ Yes ☐ No
 - b.** Applicant named as an additional insured on tenant’s policies? ☐ Yes ☐ No
 - c.** Hold harmless agreement in place with tenants in favor of applicant? ☐ Yes ☐ No
 - d.** Tenants’ limits required to be equal to or greater than applicants? ☐ Yes ☐ No
5. Is the building managed by a professional property management firm? ☐ Yes ☐ No
If YES, is applicant named as an additional insured on Property Manager’s policy? ☐ Yes ☐ No
6. If a single-occupancy risk, does applicant’s lease agreement require the tenant be responsible for the condition of pavements/curbs associated with the leased premises, including snow and ice removal? ☐ Yes ☐ No

Section VI – Maintenance

1. Do you have written procedures for inspecting and maintaining of your premises including parking areas? ☐ Yes ☐ No
2. Does the Applicant have written procedures in place for responding to tenant complaints? ☐ Yes ☐ No
3. Who performs building and/or site maintenance, service and repair?
 - a.** Janitorial operations: ☐ Employee ☐ Independent Contractor ☐ NA
 - b.** Landscaping/lawn care operations: ☐ Employee ☐ Independent Contractor ☐ NA
 - c.** Snow & ice removal: ☐ Employee ☐ Independent Contractor ☐ NA
 - d.** General maintenance & repairs: ☐ Employee ☐ Independent Contractor ☐ NA
4. If done by an independent contractor:
 - a.** Applicant named as additional insured with hold harmless on subcontractor’s policy? ☐ Yes ☐ No
 - b.** Certificates of insurance obtained and maintained on file? ☐ Yes ☐ No
 - c.** Are subcontractors required to carry general liability limits greater than or equal to the applicant? ☐ Yes ☐ No

Section VI – Maintenance (continued)

5. Is there an elevator? ☐ Yes ☐ No
- If YES, please answer the following questions:**
- a. Number of elevators? _____
- b. Elevator maintenance agreement in effect, naming Applicant as an additional insured with hold harmless? ☐ Yes ☐ No

Section VII – Fire & Safety Information

1. Is the complex in compliance with all applicable state and local statutes governing safety devices? ☐ Yes ☐ No
2. Please indicate the type of fire protection on the premises:
☐ Fire Extinguishers ☐ Smoke Detectors ☐ Sprinklers
3. If buildings are sprinklered, what percentage: _____ %
4. Does the building have a Manual Fire Alarm? ☐ Yes ☐ No
- a. Does the building have a Central Station Fire Alarm? ☐ Yes ☐ No
5. If over three stories, are interior stairways enclosed and equipped with self-closing fire doors on each floor? ☐ Yes ☐ No
6. Do all buildings/floors have clearly marked fire exits? ☐ Yes ☐ No
7. Emergency lighting provided in all common areas? ☐ Yes ☐ No

Section VIII – Security

1. Is security provided by the applicant? ☐ Yes ☐ No
- If YES, what type:** ☐ Cameras ☐ Guards ☐ Other: _____
2. If security guards are present, please answer the following:
- a. Are the guards: ☐ Armed ☐ Unarmed
- b. Are the guards: ☐ Employees ☐ Independent Contractors ☐ Off-duty police
3. If independent contractors:
- a. Does Applicant obtain a written contract from all subcontractors and certificates of insurance? ☐ Yes ☐ No
- b. Does the contract contain a hold harmless clause in favor of the Applicant? ☐ Yes ☐ No
- c. Is Applicant named as an additional insured on the subcontractor's general liability policy? ☐ Yes ☐ No
4. Are parking lots, driveways and walkways well-lighted and maintained? ☐ Yes ☐ No

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: 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. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

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

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

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 may include imprisonment, fines or denial of insurance benefits.

NEW YORK: 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: 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 and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY