



Lessor's Risk Only Product Application – All States

APPLICANT'S NAME:

List the tenant(s) occupying the building or provide a rent roll:

All commercial tenants, other than self-insured governmental entities, are required to carry insurance with limits equal or greater than the lessor and the owner/property manager obtains certificates of insurance from all commercial tenants as evidence of general liability and list applicant as an additional insured True False

Applicant has a lease in place with all occupants of the building whether or not they are involved in ownership True False

The applicant occupies part of the premises True False

If "True," please identify your operations _____

Number of apartment units: _____

List the square footage of any vacant area: _____

Number of stories: _____

Number of years applicant has owned this building: _____

Who performs snow and ice removal? Insured Contractor Tenant Not a cold weather state

ELIGIBILITY CRITERIA

- | | | |
|--|------|-------|
| 1. Applicant is the owner of all properties | True | False |
| 2. No structural renovations ongoing or planned during our policy term | True | False |
| 3. 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 years | True | False |
| 4. Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri) | True | False |
- If "False," advise reason _____

PROPERTY

- | | | | |
|---|-----|------|-------|
| 1. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers | N/A | True | False |
| 2. For any building built prior to 1978, there is no aluminum wiring or knob and tube wiring | N/A | True | False |
| 3. Functioning and operational smoke detectors in all units and/or occupancies | | True | False |
| 4. Functioning and operational fire extinguishers readily available | | True | False |
| 5. Any building over 7 stories is 100% sprinklered | | True | False |
| 6. If the building is older than 15 years old, please complete the following:
Age of roof _____ yrs. | | | |
| 7. Plumbing type: PVC Copper Lead Galvanized Other _____ | | | |

GENERAL LIABILITY

- | | | | |
|---|-----|------|-------|
| 1. No commercial cooking with extinguishing systems not in compliance with NFPA #96 | N/A | True | False |
| 2. No tenant is a hospital, nursing home, assisted living facility, elder care facility or any health care facility with an overnight or residential exposure | | True | False |
| 3. All common areas and parking lots have adequate lighting | | True | False |
| 4. Lease has a provision requiring sub-contractors to maintain general liability insurance with applicant as additional insured | | True | False |
| 5. Lease requires 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. | | True | False |
| 6. Any tenant of the building a bar or night club | | True | False |

OPTIONAL COVERAGES

1. Terrorism		Yes	No	
2. Water Back Up	N/A	\$25,000		
3. Hired and Non Owned Auto	N/A	Yes	No	
# of employees	N/A	0-25	26- 100	101 or more
Cost to lease, hire or rent vehicles annually?				
Does applicant run MVRs on all employees?	N/A	Yes	No	
4. Employee Benefits Liability				
Limits (each employee/aggregate)	N/A	\$25,000/ \$25,000	\$50,000/ \$50,000	\$100,000 /\$100,000
# of employees _____ (full and part time employees)				
Are all personnel who counsel employees familiar with the details of the insured's program?	N/A	Yes	No	
Are all programs in compliance with Cobra requirements?	N/A	Yes	No	
For optional employee benefits are rejections, either signed or electronic, required and kept on file?	N/A	Yes	No	
5. Employee Dishonesty				
Limits	N/A	\$25,000	\$50,000	
Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom?	N/A	Yes	No	
Is Countersignature Of Checks Required?	N/A	Yes	No	
If Not, Who Signs Controls?				
Frequency of audits and by whom made?				
Any losses within the last 5 years?				
# of employees- full and part time employees				
6. Ordinance or Law Coverage (Coverage A, B & C combined)	N/A	\$100,000	\$250,000	\$500,000

LOSS INFORMATION FOR THE PAST THREE YEARS

Property Coverages		None, or provide detail below.		Description
Year	Status	Incurred		
_____	Open/Closed	\$ _____	_____	
_____	Open/Closed	\$ _____	_____	
_____	Open/Closed	\$ _____	_____	

Liability Coverages		None, or provide detail below.		Description
Year	Status	Incurred		
_____	Open/Closed	\$ _____	_____	
_____	Open/Closed	\$ _____	_____	
_____	Open/Closed	\$ _____	_____	

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M

ADDITIONAL APPLICANT INFORMATION

Inspection contact name: _____

Telephone/E-mail address: _____