

# ProgramsPlus

## PROGRAMS PLUS MIXED USE HABITATIONAL SUPPLEMENTAL

Location #	Effective Date:		
Full Ownership Name:			
Mailing Address:			
City, State, Zip:			
Location Name:			
Location Address:			
City, State, Zip:			
Inspection Contact Name:			Phone Number:

**Coverages:**

Property:  General Liability:  Umbrella:  Equipment Breakdown :

**Limits:**

Building:	Contents:	Gross Potential Rents:	Total Insured Value:
\$	\$	\$	\$

(Gross Potential Rents on office and retail space to be shown separately in below section.)

**Underwriting:** Update information must be provided for buildings over 15 years old.

Year built	Occupied	%	% Assisted Living	Year Updated	
Bldg Const.	Subsidized	%	# of Pools	Gross Sq Ft	
Roof Const.	Senior Housing	%	# of Units	Net Leasable Sq Ft	
Wiring Type	Student Housing	%	Sprinklered	Security Patrol?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wiring Update Year	Roof Update Year		Plumbing Update Year	HVAC Update Year	

# of Stories (Including Basement) County:

# of Buildings (including all except carports) Protection Class:

Commercial Exposure? Yes  No  Commercial Occupancy Type:

If Condominiums or Townhouses, number of owner occupied units: Number of rented units:

	Y	N		Y	N
Property Under Renovation	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal Railings	<input type="checkbox"/>	<input type="checkbox"/>
Graffiti Present	<input type="checkbox"/>	<input type="checkbox"/>	Any spacing greater than 4"?	<input type="checkbox"/>	<input type="checkbox"/>
Deferred Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Any Fence, balcony or railing other than metal?	<input type="checkbox"/>	<input type="checkbox"/>
5' Pool Fence	<input type="checkbox"/>	<input type="checkbox"/>	Circuit Breakers	<input type="checkbox"/>	<input type="checkbox"/>
Self-locking pool gate	<input type="checkbox"/>	<input type="checkbox"/>	Fuses Present	<input type="checkbox"/>	<input type="checkbox"/>
Diving board	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>
Chain Link fence	<input type="checkbox"/>	<input type="checkbox"/>	Peep Holes	<input type="checkbox"/>	<input type="checkbox"/>
Depth Markers	<input type="checkbox"/>	<input type="checkbox"/>	Deadbolts	<input type="checkbox"/>	<input type="checkbox"/>
Bars on Windows	<input type="checkbox"/>	<input type="checkbox"/>	Panic Release on bars	<input type="checkbox"/>	<input type="checkbox"/>

Prospective Tenant Screening Procedures: Is the property gated? Yes  No

Other recreation facilities (describe):

Lender  Additional Insured

Name:

Address:

Loan Number: Contact Name:

\*Wood shake roofs and aluminum wiring are not acceptable.

# **ProgramsPlus**

## **RESTAURANT SUPPLEMENTAL**

*(Complete if there is a restaurant on site)*

<b>Description of Operations:</b>							
<b>Restaurant Name:</b>							
<b>Receipts:\$</b>	<b>Food: \$</b>		<b>Liquor: \$</b>		<b>Other: \$</b>		
<b>Type of Restaurant:</b>				Any live entertainment?			
<b>Business Hours From</b>		<b>TO:</b>		<b>Business Days From:</b>		<b>TO</b>	
<b>Total Area:</b>	<b>Customer Area:</b>		<b>Kitchen Area:</b>		<b>Banquet Area:</b>		
<b>Outside Patio Area:</b>		<b>Bar/Lounge Area:</b>			<b>Seating Capacity:</b>		
<b>Type of cooking equipment?</b>							
<b>Cooking equipment protection?</b>							
<b>Make Of Automatic Suppression System:</b>				<b>Frequency of Service:</b>			
Does System Have Automatic fuel Cut-off? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Do Deep Fryers Have Cut-off Controls: Yes <input type="checkbox"/> No <input type="checkbox"/>							
<b>Certificates of Insurance required from tenant? Yes <input type="checkbox"/> No <input type="checkbox"/></b>				<b>CGL Limits Required? \$</b>			
				<b>Yes</b>	<b>No</b>	<b>Comments:</b>	
Does the Restaurant or Lounge have a dance floor?				<input type="checkbox"/>	<input type="checkbox"/>	If yes, what is the sq. Ft.	
Does applicant sub-let any operations?				<input type="checkbox"/>	<input type="checkbox"/>	Describe:	
Does tenant maintain parking areas?				<input type="checkbox"/>	<input type="checkbox"/>		
Does tenant provide valet parking service?				<input type="checkbox"/>	<input type="checkbox"/>	Describe:	
If valet parking is contracted is proof of insurance provided?				<input type="checkbox"/>	<input type="checkbox"/>		
Is "Valet Parking Lot" fenced and well lit?				<input type="checkbox"/>	<input type="checkbox"/>		
Is there table side cooking or flambé?				<input type="checkbox"/>	<input type="checkbox"/>		
Does restaurant provide catering services?				<input type="checkbox"/>	<input type="checkbox"/>	Describe:	
Do the premises have more than one exit & are exits well marked?				<input type="checkbox"/>	<input type="checkbox"/>		
Has the restaurant been cited for any health code violations?				<input type="checkbox"/>	<input type="checkbox"/>	Describe:	
<b>Liquor Exposure:</b> Check all that apply							
<b>Type of Liquor License?</b>		<input type="checkbox"/> Beer/Wine – public premises			<input type="checkbox"/> General Liquor – public premises		
Length of time tenant has had license?		<input type="checkbox"/> Beer/Wine – eating establishment			<input type="checkbox"/> General Liquor – eating establishment		
<b>Expiration Date of Liquor License:</b>							
Do you obtain proof of Liquor Liability Coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Is there a bouncer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are bouncers, security or bartenders familiar with assault laws? Yes <input type="checkbox"/> No <input type="checkbox"/>					
				<b>Y</b>	<b>N</b>	<b>Comments:</b>	
Are liquor/bar sales recorded electronically?				<input type="checkbox"/>	<input type="checkbox"/>		
Has tenant ever been cited for violation of beverage laws?				<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain:	
Are there written procedures for handling intoxicated patrons?				<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain:	
Are there Happy Hours, Ladies Night Only Etc.,?				<input type="checkbox"/>	<input type="checkbox"/>		
Employees trained in CPR, Heimlich and/or First Aid?				<input type="checkbox"/>	<input type="checkbox"/>		
Has there been any liquor liability losses claimed or sustained within the past 5 years whether insured or not?							
Yes <input type="checkbox"/> No <input type="checkbox"/> - If yes explain:							

**MERCANTILE LRO SUPPLEMENTAL**
*(Complete only if Lessor's Risk exposure exists)*

To qualify for this program, buildings must be maximum height of six (6) stories. If over three stories, building must be sprinklered.

Net leasable square footage:	% Occupied:						
Occupancy Name:	Occupancy type:	Square footage:					
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Prospective tenant screening procedure:							
Fire Sprinklered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what percentage of building?				
Freeze Protection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Central station water flow alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Fire/Smoke Detectors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, central station?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Local Only Yes <input type="checkbox"/>	No <input type="checkbox"/>
Who is responsible for building maintenance on leased spaces?							
In stock storage areas, is stock stored higher than 12 ft?	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Does building comply with applicable fire safety codes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Restaurant on the premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Restaurant % of income from liquor sales?							
Type of cooking equipment:							
Cooking equipment protection:							
Any dry cleaner other than pickup station?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any bar or club?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Any live entertainment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Certificates of Insurance required from tenants:	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
CGL Limits Required:							

Completed By:	Date:
Owner's Signature:	Date:
Producing Agent:	Date:

ALL QUESTIONS MUST BE ANSWERED FULLY. OWNERS SIGNATURE IS REQUIRED FOR QUOTE.