



# Mixed-Use Supplemental Application

Please attach this supplemental to the General CIBA Application



Email accounts to: [CIBAQuote@cibaservices.com](mailto:CIBAQuote@cibaservices.com). Please type the name of the Insured/ Customer in the subject line of the e-mail. If application is for multiple locations, complete the owner/insured information and provide an SOV in Excel format with remaining information requested for each location.

**All sections required for a quote (unless specifically stated).**

Broker: _____	Phone Number: _____	Email Address: _____
Account Name: _____		Effective Date: _____
Location Address: _____		

## Coverage Details

Deductible Requested: _____	Property	Liability <i>select option:</i>
Building Replacement Value: _____		
Annual Rents: _____		
Business Personal Property: _____		

## Occupancy

Market Rent Apartment	Rent Controlled Housing	Low Income/Non-Market Housing (____%)
Student Housing	Senior Unassisted Living Facility	Single Room Occupancy (SRO)/Boarding House
Convalescent/Nursing Home	Condominium/HOA	Single Family Dwellings (Leased)
Daily and/or Weekly Rentals	Planned Unit Developments	Assisted Living Facility:
Cooperative		<i>Owner Operated      Third Party Operated</i>

## Building Information

How many years under current ownership? _____	Owner Occupied? Yes      No	If Yes: ____ %
Construction: ISO 1: Frame (____%)	ISO 2: Joisted Masonry (____%)	ISO 3: Noncombustible (____%)
ISO 4: Masonry Noncombustible (____%)	ISO 5: Modified Fire Resistive (____%)	ISO 6: Fire Resistive (____%)
<b>Residential</b> Square Footage: _____ <b>Commercial</b> Square Footage: _____		
# <b>Residential</b> Units: _____	# <b>Commercial</b> Tenants: _____	Central Station Alarm Monitoring:      Fire      Burglary      Sprinkler
Percent Occupied: ____ %	Please explain if less than 70%: _____	
#Buildings: _____	#Stories: _____ Distance between Buildings: _____	
Original Year Built: _____	Year Remodeled: _____	Was it Gut Renovated down to the studs? Yes      No
Any Ongoing or planned renovations? Yes      No      If Yes, Provide Details: _____		

**Automatic Fire Sprinklers:** Fully Sprinklered\* (100% or fully sprinklered except bathrooms/closets) \*Sprinkler & backflow test is required upon binding

Partial/life safety system\*\* (egress areas only)      \*\*Sprinkler test is required upon binding

Annual sprinkler inspection performed? Yes      No

Non-sprinklered (or only parking/utilities/garbage areas)

Is the system retro-fit or have exterior wall/attic piping      Yes      No

Parking Type: _____	Parking Sq Footage: _____	Basement: Yes      No	If Yes, # of Levels: _____
Are any of the following on the property: Cell Towers      Billboards		If yes, please provide copies of agreements & insurance.	
Solar Panels		If yes, are they: Leased      Owned	
ISO Public Fire Protection Class: _____		Is location within 2500' of brush? Yes      No	

**NEARBY EXPOSURES:** Distance      Describe

Front: \_\_\_\_\_

Back: \_\_\_\_\_

Distance      Describe

Right: \_\_\_\_\_

Left: \_\_\_\_\_

**Property Updates (Provide original years or year FULLY replaced)**

\*=unacceptable

<b>Wiring</b>	Year Rewired: _____	Year Partially Rewired: _____	Please describe: _____
	Wiring Type: Copper   Aluminum*   Knob & Tube*		
	If <b>Aluminum</b> , has it been retrofitted with one of the PIC Approved connectors by a licensed electrician? (select below)		
	COPALUM	AlumiConn	Other (please describe): _____
	Circuit Protection: Circuit Breakers   Fuses*   Zinsco*   Federal Pacific Stab-Lok*   Challenger*   Pushmatic*		
<b>Plumbing</b>	Year Replaced: _____	Year Partially Replaced: _____	Please describe: _____
	Pipe Type: _____ <i>If other, please describe: _____</i>		
	<i>If types combined, please provide percentages: _____</i>		
<b>HVAC</b>	Year Replaced: _____	Year Partially Replaced: _____	Please describe: _____
	<i>If other, please describe: _____</i>		
	<i>If types combined, please provide percentages: _____</i>		
<b>Roofing</b>	Year Replaced: _____	Year Partially Replaced: _____	Please describe: _____
	<i>If other, please describe: _____</i>		
	<i>If types combined, please provide percentages: _____</i>		
<b>Fire/Life/Safety</b>	Year Updated: _____	Year Partially Replaced: _____	Please describe: _____
Are tenants prohibited from using extension cords and non-surge protected power strips on a permanent basis? Yes   No			
Are hot water heaters replaced on a set schedule (i.e. every 10 years)? Yes   No			
Are bathroom exhaust fans cleaned annually? Yes   No			
Are bathroom exhaust fans inspected by a contractor at a minimum of every 15 years and replaced as needed? Yes   No			

**Exposures**

Swimming Pool(s)   How Many: _____	Spa(s)/Jacuzzi?   How Many: _____	<b>If POOL or SPA answer the following:</b>		
Are pools fenced?   Yes   No				
Fence Height: _____				
Does it comply with Local Ordinances?   Yes   No				
Is gate self-closing/self-latching?   Yes   No				
Diving Board(s) or Slide(s)?   Yes   No				
Are pool rules clearly posted in pool area?   Yes   No				
Life Saving equipment in pool area?   Yes   No				
Life Guard on duty?   Yes   No				
<i>If yes, who is the provider: Employee   Third Party*   Hours: _____</i>				
<i>*Please provide copy of contract</i>				
Are Pools/Spas equipped with Safety drain/intake covers?   Yes   No				

Playground(s)	Fenced with Self-Latching Gate? Yes   No	Type of Surface (grass, sand, etc.) _____
	Equipment Installed (swings, slides, etc.): _____	
	Material of Slide (metal, plastic, fiberglass, etc.): _____	
Fitness Center   How Many: _____	Adults Only? Yes   No	Door Locked? Yes   No
Restaurants   How Many: _____		
Tennis/Basketball/Pickleball Courts   How Many: _____		
Golf Course	<i>If yes, is it for the exclusive use of the members?</i> Yes   No	
Boat Docks   Piers   Water Features   On Lake		
Any facilities rented out for events? <i>Please provide list of events and a copy of the event contract:</i> _____		
Other Recreational Facilities: _____		

Are there any Pet Restrictions?	Yes	No	<i>If Yes, what restrictions:</i> _____		
Are Short Term Rentals allowed?	Yes	No	<i>If Yes, what policies:</i> _____		
Is there a No Smoking policy in place?	Yes	No			
Designated Historic Building?	Yes	No			
Elevators? <i>If yes, elevator certificate required upon binding</i>	Yes	No	<i>If Yes, Service contract in place?</i> Yes    No		
Are tenants allowed to have BBQ grills?	Yes	No	<i>If Yes, any distance restrictions:</i> _____		
Are there fireplaces in units?	Yes	No	<i>If yes:</i>	Electric	Wood Burning
				Gas*	

\*If gas, is there an Automatic Earthquake Gas Shutoff Valve installed?    Yes    No

### Commercial Occupancy- Please Provide Rent Rolls

Restaurant Tenants?	Yes	No	<b>If yes, please provide sample lease and percentage occupied</b>		
			<b>If Yes, are all kitchens equipped with fire suppression systems?</b>	Yes	No
Warehouse/Industrial Tenants?	Yes	No	<b>If yes, are flammables stored?</b>	Yes	No
Cannabis Tenants	Yes	No	<b>If yes, please describe</b> _____		

### Safety Controls

Is there a full time on-site property manager:		Yes	No
If there is no onsite property management, how often is property manager visiting location:			
Who handles maintenance:    Employees    Subcontractor*    *is there a hold harmless agreement?		Yes	No
Are regular property inspections performed for grounds & building?		Yes	No
Are routine maintenance and cleaning plans in place?		Yes	No
Reporting protocol in place if incident occurs?		Yes	No
Does the building meet all local life safety codes (fire alarms, fire doors, smoke detectors, emergency lighting, etc.)		Yes	No
Has applicant or related entity received any Notices of Violation from a governmental agency?		Yes	No
Is there tenant screening?    No    Criminal Only    Credit Only    Criminal & Credit			
Who Handles Snow Removal?    Insured/Employees    Subcontractors    N/A			

### Additional Services

Are any of the following services or activities provided:

Adult/Child Day Care	Housekeeping Service	Food Service	Social Activities
Laundry Service	Transportation Service	Medical Service	Emergency Pull Cords

If yes to any of the above, please describe and indicate whether they are provided by employees or third parties:

If any additional services are provided but not listed, please describe: \_\_\_\_\_

Are there any units / space in buildings not owned/managed by the insured?    Yes    No

### Security

Entire property fenced?	Yes	No	<i>If no:</i> _____ % fenced		
Cameras?	Yes	No			
Alarms?	Yes	No			
Doorman?	Yes	No			
Automatic Access Gate?	Yes	No			
Security Provided?	Yes	No	<i>If Yes:</i> Armed    Unarmed		
			<i>If Armed, does security service retain at least \$1M of Liab Coverage</i>	Yes	No
			Employee?	Yes	No
			Subcontractor?*	Yes	No
			<i>If yes, is owner named as an Additional Insured?</i>	Yes	No
			Days of the week?    Su    M    Tu    W    Th    F    Sa		
			24-Hours on Duty?	Yes	No
			Guard Dogs on Premises?	Yes	No

## Insurance Requirements

### Applicable to All Occupancy Types:

Is there a waiver of subrogation in the lease/CC&Rs?	Yes	No
Do your service agreements require the contractor to have liability coverage?	Yes	No
<i>If yes, minimum liability limits required? _____</i>		
Does your lease require non-residential space to carry liability insurance?	Yes	No
<i>If yes, minimum liability limits required? _____</i>		
Are all locations currently in compliance with all property statutes, local ordinances and building codes?	Yes	No
<i>If no, please explain: _____</i>		

### If Condo Association:

Do the CC&R's require the unit to carry an HO6 Policy	Yes	No
Are unit owners responsible for interior improvements and betterments?	Yes	No

### If Apartment:

Does your lease require renter's insurance?	Yes	No
<i>If yes, minimum liability limits required? _____</i>		

### If Student Housing:

Are students required to have Tenant Liability Insurance?	Yes	No
<i>If yes, minimum liability limits required? _____</i>		
Parents required to sign student lease?	Yes	No
<i>If yes, please provide a copy</i>		
Does the full time property manager specialize in Student Housing?	Yes	No
Is the facility operated and/or affiliated with any college or university?	Yes	No
Is the building strictly in the vicinity of the school?	Yes	No

## Hired Non-Owned Auto

Do they currently have HNOA in their GL policy?	Yes	No
Does the Named Insured(s) have any owned autos?	Yes	No
Do they use personal vehicles to run company errands, deliver anything or drive other employees?	Yes	No
Do they have a corporate Auto Liability Policy?	Yes	No
Are any scheduled automobiles used outside the scope of the insured's business operations?	Yes	No
Does the insured request Driver History Reports (MVRs) and/or offer Driver Safety Courses?	Yes	No
What is the typical use of autos for company business? _____		
What are the annual expenditures for rented autos on company business? _____		
Does any location insured have a shuttle or other transportation provided to guests, tenants or others?	Yes	No
<i>If yes, please provide details on the shuttle or other transportation, including who operates and who insures the vehicle:</i> _____		

**If High Rise (4 or more stories):**

Fire Risers

*Describe:* \_\_\_\_\_

100% sprinkler coverage with annual testing and maintenance by a qualified professional

*Describe:* \_\_\_\_\_

Centrally-monitored fire sprinkler alarm activated by water-flow and valve tamper alarms

*Describe:* \_\_\_\_\_

At least 2 "protected" means of egress from floors 3 +; preferably enclosed, fire-rated, pressurized stairwells equipped with smoke evacuation systems connected to a back-up generator

*Describe:* \_\_\_\_\_

Self-closing, fire-rated doors between corridors and stairwells and between corridors and units

*Describe:* \_\_\_\_\_

Powered exit signage in the corridors to indicate the means of egress

*Describe:* \_\_\_\_\_

A secondary lighting source (i.e.: emergency lighting), preferably connected to a back-up generator, in all common areas (corridors and stairwells)

*Describe:* \_\_\_\_\_

A centrally-monitored fire alarm system activated by both manual pull stations and hardwired common area smoke detectors/heat sensors, and equipped with local alarm bells/horns.

*Describe:* \_\_\_\_\_

Hardwired smoke detectors in each unit

*Describe:* \_\_\_\_\_

Evacuation Plan for the Building in Place for Use in an Emergency

*Describe:* \_\_\_\_\_**IMPORTANT INFORMATION: PROPERTY CONTACTS****Inspection Contacts:**

Name:	Phone:	Email:
Name:	Phone:	Email:

Property Owner	Property Manager	Other:
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**Responsible Party for Reporting Claims:**

Name:	Phone:	Email:
Name:	Phone:	Email:

1. The applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.
2. Completion of this form does not bind coverage or commit the Company to policy issuance.
3. 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

**PLEASE SIGN:**

Applicant: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Producer: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Applicable in Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Applicable in Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law. Applicable in Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Applicable in Arkansas:** 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.

**Applicable in California:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in Delaware:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in the District of Columbia:** 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.

**Applicable in Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Applicable in Hawaii:** Any person who intentionally or knowingly misrepresents or conceals material facts, opinions, intention, or law to obtain or attempt to obtain coverage, benefits, recovery, or compensation commits the offense of insurance fraud which is a crime punishable by fines or imprisonment or both.

**Applicable in Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in Indiana:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Applicable in Kansas:** 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 commercial or personal 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 commits a fraudulent insurance act.

**Applicable in Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**Applicable in Louisiana:** 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.

**Applicable in 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.

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

**Applicable in Michigan:** 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.

**Applicable in Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Applicable in Nevada:** Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a category D felony.

**Applicable in New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

**Applicable in New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Applicable in New Mexico:** 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.

**Applicable in 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.

**Applicable in Ohio:** Any person who, with intent to defraud or knowing that he 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.

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

**Applicable in Oregon:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in 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 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 such person to criminal and civil penalties.

**Applicable in Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in Rhode Island:** 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.

**Applicable in Tennessee:** 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.

**Applicable in Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in Virginia:** 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.

**Applicable in 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 include imprisonment, fines and denial of insurance benefits.

**Applicable in West 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 and may be subject to fines and confinement in prison