



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: <input type="checkbox"/>	General Liability: <input type="checkbox"/>	Umbrella: <input type="checkbox"/>	Equipment Breakdown : <input type="checkbox"/>
Limits:			
Building:	Contents:	Gross Potential Rents:	Total Insured Value:
\$	\$	\$	\$
<i>(Gross Potential Rents on office and retail space to be shown separately in below section.)</i>			
Underwriting: <i>Update information must be provided for buildings over 15 years old.</i>			
Year built	Occupied	%	% Assisted Living
Bldg Const.	Subsidized	%	# of Pools
Roof Const.	Senior Housing	%	# of Units
Wiring Type	Student Housing	%	Sprinklered
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 <input type="checkbox"/> No <input type="checkbox"/>		Commercial Occupancy Type:	
If Condominiums or Townhouses, number of owner occupied units:		Number of rented units:	
	Y	N	
Property Under Renovation	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal Railings
Graffiti Present	<input type="checkbox"/>	<input type="checkbox"/>	Any spacing greater than 4"?
Deferred Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Any Fence, balcony or railing other than metal?
5' Pool Fence	<input type="checkbox"/>	<input type="checkbox"/>	Circuit Breakers
Self-locking pool gate	<input type="checkbox"/>	<input type="checkbox"/>	Fuses Present
Diving board	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detectors
Chain Link fence	<input type="checkbox"/>	<input type="checkbox"/>	Peep Holes
Depth Markers	<input type="checkbox"/>	<input type="checkbox"/>	Deadbolts
Bars on Windows	<input type="checkbox"/>	<input type="checkbox"/>	Panic Release on bars
Prospective Tenant Screening Procedures:		Is the property gated? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other recreation facilities (describe):			
Lender <input type="checkbox"/>		Additional Insured <input type="checkbox"/>	
Name:			
Address:			
Loan Number:		Contact Name:	

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



RESTAURANT SUPPLEMENTAL

(Complete if there is a restaurant on site)

Description of Operations:									
Restaurant Name:									
Receipts: \$			Food: \$			Liquor: \$			Other: \$
Type of Restaurant:						Any live entertainment?			
Business Hours From			TO:			Business Days From:			TO
Total Area:		Customer Area:			Kitchen Area:			Banquet Area:	
Outside Patio Area:			Bar/Lounge Area:				Seating Capacity:		
Type of cooking equipment?									
Cooking equipment protection?									
Make Of Automatic Suppression System:						Frequency of Service:			
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"/>									
Certificates of Insurance required from tenant? Yes <input type="checkbox"/> No <input type="checkbox"/>						CGL Limits Required? \$			
						Yes	No	Comments:	
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:	
Liquor Exposure:				Check all that apply					
Type of Liquor License?				<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		
Expiration Date of Liquor License:									
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"/>					
						Y	N	Comments:	
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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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.