



Office Supplemental Application

Please attach this supplemental to the General CIBA Application



Email accounts to: **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: _____
 Location Address: _____ Effective Date: _____

Coverage Details

Deductible Requested: _____ Building Replacement Value: _____
 Annual Rents: _____ Business Personal Property: _____
 Property Liability select option: _____

Building Information

How many years under current ownership? _____ Owner Occupied? Yes No If yes: _____%
 Medical Offices? 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 (____%)
 Building Square Footage: _____ Percent Occupied: _____ % Please explain if less than 70%: _____
 #Buildings: _____ #Stories: _____ #Units: _____ 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

Central Station Alarm Monitoring: Fire Burglary Sprinkler

Parking Type: _____ Parking Sq Footage: _____ Basement: Yes No If yes, Sq Ft: _____

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

Designated Historical Building? Yes No

NEARBY EXPOSURES: Distance Describe Distance Describe

Front: _____ Right: _____
 Back: _____ Left: _____

Property Updates (Provide original years or year FULLY replaced)

*=unacceptable

Wiring Year Rewired: _____ Year Partially Rewired: _____ Please describe: _____

Wiring Type: Copper Aluminum* Knob & Tube*

If **Aluminum**, 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*

Plumbing Year Replaced: _____ Year Partially Replaced: _____ Please describe: _____

Pipe Type: _____ If other, please describe: _____

If types combined, please provide percentages: _____

HVAC Year Replaced: _____ Year Partially Replaced: _____ Please describe: _____

HVAC Type: _____ If other, please describe: _____

Serviced Annually? Yes No If types combined, please provide percentages: _____

Roofing Year Replaced: _____ Year Partially Replaced: _____ Please describe: _____

Roof Type: _____ If other, please describe: _____

If types combined, please provide percentages: _____

Property Updates (Provide original years or year FULLY replaced)

* = unacceptable

Fire/Life/Safety 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

Safety Controls

Who handles maintenance: Employees Subcontractor* *If yes, 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

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: _____

Security

Entire property fenced? Yes No *If no: _____ % fenced*

Cameras? Yes No

Alarms? Yes No

Doorman? Yes No

Automatic Access Gate? Yes No

Security Provided? Yes No

If Yes: Armed Unarmed

If Armed, does security service retain at least \$1M of Liab Coverage Yes No

Employee? Yes No

Subcontractor?* Yes No

If yes, is owner named as an Additional Insured? 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

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? Property Owner: ☐ Yes ☐ No Property Manager: ☐ Yes ☐ No Other: ☐ Yes ☐ No

If yes, please provide details on the shuttle or other transportation, including who operates and who insures the vehicle:

Insurance Requirements

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 tenant to carry liability insurance?	Yes	No
<i>If yes, minimum liability limits required? _____</i>		
Are all locations currently in compliance with all property statues, local ordinances and building codes?	Yes	No
<i>If no, please explain: _____</i>		

IMPORTANT INFORMATION: PROPERTY CONTACTS**Inspection Contacts:**

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

Property Owner: ☐ ☐ ☐
 Property Manager: ☐ ☐ ☐ Other: ☐ ☐ ☐

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