



**LESSOR'S RISK  
APPLICATION SUPPLEMENT**

1. Name of Applicant:

2. DBA/Named Insured(s):

3. Inspection Contact:	Name:
	Phone:
	Email:

4. Locations:

<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	

General Information: Where appropriate, use **Y** (Yes) or **N** (No)

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Tenant Name					
Description of Operations					
Business Hours					
# Stories					
Square Footage					
Parking area (sq. ft.)					

	<b>Yes</b>	<b>No</b>	<b>N/A</b>
a. Does the Insured occupy any scheduled location for any business purpose?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, explain:	<hr/>		
b. Does the Insured have an ownership interest in any tenant's businesses?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, explain:	<hr/>		

5. Lease:

Is a Lease Agreement executed with all tenant(s)? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Does the Lease Agreement include Hold Harmless in favor of applicant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are the tenant(s) required to list the applicant as Additional Insured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are the tenant(s) contractually required to maintain any part of the premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain:	<hr/>		

6. Safety and Security:

a. Have any violent crimes been reported at any scheduled location?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the applicant, property manager or tenant(s) subcontract security guards?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the applicant listed as an Additional Insured on their liability policy?	<input type="checkbox"/>	<input type="checkbox"/>
Are security guards armed?	<input type="checkbox"/>	<input type="checkbox"/>

<b>7. Property/Premises:</b>	<b>Yes No</b>
If subcontractors perform renovations, janitorial, lawn care, snow removal and/or other maintenance services:	
a. Are certificates of insurance on file?	<input type="checkbox"/> <input type="checkbox"/>
b. Are coverage limits equal to or greater than applicant's policy limits?	<input type="checkbox"/> <input type="checkbox"/>
c. Any ongoing or planned structural renovations?	<input type="checkbox"/> <input type="checkbox"/>
If yes, explain: _____	
In accordance with applicable building codes:	
a. Are heat and smoke detectors in all units?	<input type="checkbox"/> <input type="checkbox"/>
If battery operated, are batteries replaced at least every 6 months?	<input type="checkbox"/> <input type="checkbox"/>
b. Are there fire extinguishers on the premises?	<input type="checkbox"/> <input type="checkbox"/>
c. Are sidewalks, driveways and parking lots regularly maintained with adequate lighting?	<input type="checkbox"/> <input type="checkbox"/>
d. Is there emergency lighting?	<input type="checkbox"/> <input type="checkbox"/>
e. Is there a central station fire alarm?	<input type="checkbox"/> <input type="checkbox"/>

**8. History:**

a. Have you declared bankruptcy (Chapters 7, 11 or 13) within the last 5 years?     Yes     No

b. Have you had any prior losses due to mold, fire, water, weather, slip & fall?     Yes     No

If yes, explain: \_\_\_\_\_

c. Describe all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 5 years. (Include dates and final payout, or if not closed, current reserve amount.)  
 \_\_\_\_\_

d. Does the applicant desire Assault or Battery coverage?     Yes     No

If yes, has there been or are there currently any allegations, incidents, losses or claims for assault or battery?  
 Yes     No    If yes, provide details: \_\_\_\_\_

If "Yes" to any questions above, provide details: \_\_\_\_\_

**FRAUD STATEMENTS**

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

**LOUISIANA and 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 include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

**IMPORTANT NOTICE**

**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**SIGNATURES**

Applicant Signature	Title	Date
Producer Signature	Date	
Producer Name and Address		