



## Lessors Risk Supplemental Application

Please Answer All Questions. If They Do Not Apply, Indicate "Not Applicable"

1. Name of Applicant \_\_\_\_\_

2. Address (business) \_\_\_\_\_

Website: \_\_\_\_\_

3. Type of business:

- Property Owner Habitational
- Property Manager
- Property Owner Commercial
- Hotel/Motel Operator
- Restaurant Operator
- Other (describe) \_\_\_\_\_

4. How many years have you been in business under the present name? \_\_\_\_\_

5. Indicate the construction type of the structure:

- Frame/Combustible
- Masonry/Noncombustible
- Joisted Masonry
- Modified Noncombustible
- Noncombustible
- Fire Resistive

6. How many stories? \_\_\_\_\_ How many units/rooms? \_\_\_\_\_

7. What is the age of the structure? \_\_\_\_\_

If over ten years, has it been rewired? Yes \_\_\_ No \_\_\_

Is there aluminum wiring? Yes \_\_\_ No \_\_\_

If so, please explain. \_\_\_\_\_

8. Occupancy:
- Middle class
  - Low income
  - Subsidized
  - Elderly
  - Assisted Living

Average Monthly rent per unit: \$ \_\_\_\_\_

Occupancy rate: \_\_\_\_\_%

9. Does each room have a smoke alarm? Yes \_\_\_ No \_\_\_

Are the smoke alarms hardwired? Yes \_\_\_ No \_\_\_

Central station Yes \_\_\_ No \_\_\_

How often does management check operation of each detector? \_\_\_\_\_

Is a record kept of these checks? Yes \_\_\_ No \_\_\_

Is there a manually operated fire alarm system on each floor, which audible alarm devices? Yes \_\_\_ No \_\_\_

10. Does each floor have at least two properly marked exits? Yes \_\_\_ No \_\_\_

Are these exits directly to the outside? Yes \_\_\_ No \_\_\_

If not, explain. \_\_\_\_\_

Are all interior stairwells completely enclosed with a noncombustible material?

Yes \_\_\_ No \_\_\_

11. Does the structure have a sprinkler system? Yes \_\_\_ No \_\_\_  
 Is the structure completely sprinklered? Yes \_\_\_ No \_\_\_  
 Is the structure partially sprinklered? Yes \_\_\_ No \_\_\_  
 Does the sprinkler system have a "water flow alarm" connected to a recognized central station facility or a fire or police department which is manned 24 hours a day? Yes \_\_\_ No \_\_\_  
 If not, explain. \_\_\_\_\_  
 \_\_\_\_\_
- Is there a watchman using a portable clock marking bi-hourly tours of the building during non-daylight hours and weekends? Yes \_\_\_ No \_\_\_  
 If not, explain. \_\_\_\_\_  
 \_\_\_\_\_
12. Is there a restaurant located on the premises? Yes \_\_\_ No \_\_\_  
 Is it on the top floor? Yes \_\_\_ No \_\_\_  
 Is it below ground? Yes \_\_\_ No \_\_\_  
 Is there a fire suspension system over 100% of the cooking area? Yes \_\_\_ No \_\_\_  
 If not, explain. \_\_\_\_\_  
 \_\_\_\_\_
- Is the restaurant equipped with an automatic sprinkler system? Yes \_\_\_ No \_\_\_  
 If not, explain. \_\_\_\_\_  
 \_\_\_\_\_
- Annual Liquor Sales \$ \_\_\_\_\_  
 Annual Food Sales \$ \_\_\_\_\_
13. Do you have security guard personnel on the premises? Yes \_\_\_ No \_\_\_  
 If so, are they armed or unarmed? Armed \_\_\_ Unarmed \_\_\_  
 Are security guard personnel on the premises 24 hours? Yes \_\_\_ No \_\_\_  
 Are the security guards employees? Yes \_\_\_ No \_\_\_  
 Are the security guards contracted? Yes \_\_\_ No \_\_\_  
 If so: are contracted security guard personnel required to provide certificates of insurance with limits and coverages equal to that of your general liability policy? Yes \_\_\_ No \_\_\_  
 Are contracted security guard personnel required to name your company as an additional insured under the general liability policy? Yes \_\_\_ No \_\_\_  
 Are there signs of drug or gang activity on or near the properties? Yes \_\_\_ No \_\_\_  
 Has the properties experienced any criminal activity regardless if such activity led to the reporting of a formal claim? Yes \_\_\_ No \_\_\_
14. Lead exposures:  
 Have any of the above listed buildings undergone lead abatement or lead hazard control? Yes \_\_\_ No \_\_\_  
 If so, attach copy of report.  
 List for each of the above listed buildings whether there has been a lead survey or other environmental assessment and attach copies if reduced to writing. \_\_\_\_\_

Has there been any lead liability losses? Yes \_\_\_ No \_\_\_

Are there any statutes, standards or other city, state or federal regulations relating to lead contamination or lead poisoning prevention with which you are not in compliance? Yes \_\_\_ No \_\_\_

Have you been prosecuted for contravention of any standard or during the last 5 years law relating to lead contamination or lead poisoning prevention? Yes \_\_\_ No \_\_\_

Describe any suits or claims made against you involving lead contamination during the last 5 years. \_\_\_\_\_

Describe any other suits or claims made against you during the last 5 years. \_\_\_\_\_

Describe any notices of abatement, notices of lead contamination or reports concerning a lead-poisoned child or the presence of lead in any unit or building you own or have owned, whether or not listed above. IF NONE, PLEASE SO STATE.

If you have received such notices, indicate when, by whom, whether a final inspection was made by any agency or entity and whether the violation was removed.

Do tenants or insured(s) paint the units? \_\_\_\_\_

Was each unit in each building painted within the last three (3) years? Yes \_\_\_ No \_\_\_

Describe all procedures for responding to tenant complaints. \_\_\_\_\_

Describe all procedures, including inspections made of each unit that are followed when a tenant vacates a unit. \_\_\_\_\_

17. Are tenants required to carry insurance in your favor for liability exposures? Yes \_\_\_ No \_\_\_

Are tenants responsible for repairs and maintenance? Yes \_\_\_ No \_\_\_

What type of independent contractors are used? i.e. security, construction, janitorial, professionals etc. ? \_\_\_\_\_

Are certs of insurance received from all independent contractors ? Yes \_\_\_ No \_\_\_

Are there any hold harmless /indemnity agreements between the Insured and independent contractors? If no please explain. Yes\_\_\_ No \_\_\_

18. SCHEDULED LOCATIONS

The following schedule must be fully completed for all locations to be covered. Attach pages as necessary for all additional locations.

LOCATION #

Address:			
Age:	Type of Occupancy	Date of most recent renovations	No. of Units/Area
# Of Stories	Type of Construction	Year Built	Hours of operations?

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19. Additional Interest (Loss Payee, Mortgagee, Lien holder, Additional Insured)

Interest	Name & Address	Loc. #	

APPLICATION WARRANTY

This application shall not be binding unless and until a policy shall be issued and then only as of the effective date of said policy and in accordance with all terms thereof and the said Applicant hereby covenants and agrees that the foregoing statements and answers are just, full and true exposition of all the facts and circumstances with regard to the risk to the insured, insofar as same are known to the Applicant, and the same are hereby made the basis and a condition of the insurance, and warranty on the part of the insured.

It is mutually understood and agreed between the Company and the Applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant in any respect.

\_\_\_\_\_  
Signature of Producer                      Date

\_\_\_\_\_  
Signature of Applicant                      Date