



LESSOR'S RISK APPLICATION FORM

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

OCCUPANCY QUESTIONS

1. In which state is the property to be insured: _____
2. Does the applicant occupy any of the building? Yes ☐ No ☐
3. Are any of the following occupancies in the building to be insured –
Cinemas, Bowling Alleys, Shooting Galleries, Farms, Flea Markets/Bazaars; Hospitals,
Nursing Homes, Assisted Living, Health Care Facilities ;
Hotels, Motels, Boarding/Rooming Houses, Subsidized Housing, Dormitories or Student Housing;
Manufacturing or Industrial, Nightclub, Bar, Tavern, Casino or Gentlemen's Club;
Schools or Academics; Gasoline/Service Stations, Tire Capping or Tire Storage:
Yes ☐ No ☐
4. Applicant Occupancy: _____
5. Please select ALL classifications applicable to your tenants:
Retailer ☐ Office ☐ Habitational ☐ Restaurant ☐ Dealer Distributor ☐ Vacant ☐ Automatic Repair or Service ☐ Medical Office / Day Care ☐
6. Are there any apartment units? Yes ☐ No ☐
7. Are there more than 8 units? Yes ☐ No ☐
8. Is more than 69% of property square footage vacant? Yes ☐ No ☐

ELIGIBILITY QUESTIONS

9. Has the applicant had any policy or liability insurance refused, cancelled or non-renewed in the past 3 (three) years? (other than vacancy) Yes ☐ No ☐
If the above answer is Yes, were they for any of the following reasons only:
 - Insurer no longer writing class of business? Yes ☐ No ☐
 - Insurer no longer writing class of business in territory?
 - Risk no longer qualifying for an Admitted Carrier program?
 - Loss History?
10. Has the applicant and any other officer/director ever been involved in any bankruptcy proceedings or convicted of arson or insurance fraud? Yes ☐ No ☐
11. Have there been more than two insured or uninsured Property or General Liability losses, claims or circumstances or one insured or uninsured loss, claim or circumstance exceeding \$10,000 at the property to be insured or any other property owned/rented by the applicant in the past three years? Yes ☐ No ☐
12. Is the Business Seasonal?
13. Are the premises to be insured more than 20,000 square feet?
14. Are the premises to be insured subject to a mortgage provided by an individual or entity other than a financial institution? Yes ☐ No ☐
15. Are the premises located in a landslide, fire or brush fire area?
16. Are any chemicals and/or explosives distributed or stored at the property to be insured?
17. Is the building to be insured undergoing any renovation or construction work of any kind, or is any such work due to commence while insurance is in effect?
18. Is the electric wiring on fully functioning and operational circuit breakers? Yes ☐ No ☐
(no coverage available for knob & tube, aluminium wiring or fuses)

ELIGIBILITY QUESTIONS (continued)

19. Any commercial cooking exposure at property to be insured?

Yes ☐ No ☐

20. Please confirm UL approved Fire Suppression System installed for all commercial cooking surfaces and confirm that System is monitored, serviced and has a maintenance contract in place?

Yes ☐ No ☐

GENERAL DETAILS

Name and Mailing Address of Applicant _____

_____ State _____ Zip code _____

Telephone _____ Email _____

Address of Property to be Insured: _____

_____ State _____ Zip code _____

Name and Address of Retail Broker: _____

_____ State _____ Zip code _____

CONTACT DETAILS

Contact Name _____

Telephone _____ Email _____

COVERAGE DETAILS

21. Total Sales Last 12 Months: _____ 22. Estimated Sales Next 12 Months: _____

23. Occupied Square Footage: _____

24. Leased Square Footage excluding Habitational units: _____

25. Please choose which coverage you require: Building ☐ Business Personal Property ☐ Business Income & Extra Expense ☐
Commercial General Liability ☐

26. Enter Protection Class: _____

27. Construction Type: Frame ☐ Joisted Masonry ☐ Non Combustible ☐ Masonry Non Combustible ☐ Modified Fire Resistive ☐
Fire Resistive ☐

28. Value of Building: _____ 29. Total square footage of building to be insured including outbuildings: _____

30. Age of Building or Complete Building Upgrade in: 0-35 Years ☐ 36-50 Years ☐ Over 50 Years ☐

31. Is the roof older than 25 years: Yes ☐ No ☐ 32. Number of Floors: _____

33. Value of Business Personal Property: _____ 34. Description: _____

35. Business Income & Extra Expense: _____

36. Monthly Maximum Limit of Liability Available: 1/3 ☐ 1/4 ☐ 1/6 ☐

37. Wind Hail Deductible: 2,500 ☐ 5,000 ☐ 10,000 ☐

38. All Other Peril Deductible per occurrence: 2,500 ☐ 5,000 ☐ 10,000 ☐

39. Type of Quote: Basic ☐ Special ☐

40. Liability Limit Required: 300,000/600,000 ☐ 500,000/1,000,000 ☐ 1,000,000/2,000,000 ☐

41. How Many Apartment Units: _____

COVERAGE DETAILS (continued)

42. Does the property include a parking lot for which you are legally responsible for: Yes ☐ No ☐
43. Does applicant lease agreement include requirement of tenant/s to be responsible for the condition of pavement and curbs associated with their leased unit, including keeping it from ice and snow: Yes ☐ No ☐
(This question is not applicable for the following States –
AL, AR, AZ, CA, FL, GA, LO, NM, MS, NC, OK, SC, TN, TX)
44. Would you like to include Vandalism & Malicious Mischief: * Yes ☐ No ☐
45. Is Sprinkler Leakage cover required: * Yes ☐ No ☐
46. Please select Medical Payments Coverage: No ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐
47. Is TRIPRA coverage required: Yes ☐ No ☐
48. Is there a fully functional Central Station Burglar Alarm with an active monitoring contract: Yes ☐ No ☐
49. Is Non Owned Auto required: Yes ☐ No ☐
50. Number of Employees: 0-10 ☐ 11-25 ☐ 26-50 ☐
51. All employees provide evidence of personal automobile liability exposure: Yes ☐ No ☐
52. Do errands include transporting of people, animals, food or beverage or offices with fields sales: Yes ☐ No ☐
53. Are errands less than 60 miles round trip: Yes ☐ No ☐
54. Have there been any insured or uninsured losses or claims at the property to be insured: Yes ☐ No ☐
- Describe all prior losses: _____

55. If required, please enter details of Additional Insured: _____

CONFIRMED PRIOR TO BINDING

56. Are there written lease agreements between applicant, landlord and all tenants?
57. Does the lease have a provision for requiring all commercial tenants to maintain general liability insurance a \$1,000,000 limit? Yes ☐ No ☐
58. Is the insured named on the tenants general liability insurance as an additional insured?

DECLARATION

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature _____ Retail Broker's Signature _____

Date _____ Date _____