

Complete A Supplemental Application For Each Location

Insured Information

Insured Name:

Policy Effective Date:	Contact:	Phone:	
Inspection Contact:	Inspection Contact Phone:	Inspection Contact Email:	
Location Address:	City:	State:	Zip:

1. Insured the owner? Yes ☐ No ☐
2. Insured the property manager? Yes ☐ No ☐
3. During the past five years any filings regarding bankruptcy, foreclosure, or receivership? Yes ☐ No ☐

Location Information

1. Total Occupancy %:

2. Land leased to others for business purposes? Yes ☐ No ☐
If Yes ☐ # of Acres: _____

3. Tenant list and type of operation (if tenant is a warehouse include a description of items stored):

Building maintenance responsibility: Insured ☐ Tenant ☐
If Other – Describe:

4. Parking area maintenance responsibility: Insured ☐ Tenant ☐

5. Does the insured have other operations at this location? Yes ☐ No ☐
If Yes – Describe:

6. Are the number of retail tenants five or more, and parking area in excess of 25,000 square feet? Yes ☐ No ☐
If Yes – Square footage of the parking area: _____

7. Demolition scheduled or contemplated? Yes ☐ No ☐

8. Builder's Risk exposure? Yes ☐ No ☐

9. Any unrepaired property damage? Yes ☐ No ☐

10. Renovations (excluding nonstructural tenant improvements)? Yes ☐ No ☐

11. Elevator? Yes ☐ No ☐
If Yes – Regularly inspected and serviced by an insured contractor? Yes ☐ No ☐

12. Any Exterior Insulation Finishing System (EIPS)? Yes ☐ No ☐
If Yes _____ %

13. Any knob and tube, fuses, aluminum wiring, and/or Federal Pacific Breakers? Yes ☐ No ☐
14. All electrical wiring on circuit breakers with a minimum of 100AMP service? Yes ☐ No ☐
15. All plumbing PVC or Copper? Yes ☐ No ☐
16. Any storage of explosives or highly flammable products on premises? Yes ☐ No ☐
17. Fireworks stored or sold on premises? Yes ☐ No ☐

Hired And Non-Owned Auto Liability Coverage Needed? Yes ☐ No ☐

1. Owned autos? Yes ☐ No ☐
2. Autos on a long-term lease? Yes ☐ No ☐
3. Autos titled in the insured's name? Yes ☐ No ☐

Tenant Information

1. Habitational occupancies? Yes ☐ No ☐
2. Do multiple tenants occupy a shared space (multiple tenants in separate units/suites/buildings are acceptable)? Yes ☐ No ☐
3. Any boat or RV storage? Yes ☐ No ☐
4. Airplane hanger? Yes ☐ No ☐
5. Any operations involving or related to Marijuana? Yes ☐ No ☐
6. Are tenants required to carry General Liability insurance with at least \$1M/\$2M limits? Yes ☐ No ☐
7. Certificates of Insurance collected with the insured listed as an additional insured? Yes ☐ No ☐
8. Any leased land to the following: farms, oil & gas companies, telecommunications companies, hunting exposure, recycling, garbage collection centers, open air markets, fairgrounds, quarries, or logging companies? Yes ☐ No ☐
9. Do tenant exposures include the following: adult day care, overnight exposure, chemical oil, gas manufacturing or storage, bar, tavern, nightclub, flea markets, bazaars, or livestock auction? Yes ☐ No ☐
10. Signed lease agreements utilized with all tenants? Yes ☐ No ☐

Other Exposures

Describe any other exposures:

Signatures

I have reviewed this application for accuracy before signing it. As a condition for coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated.

Applicant's Signature:	Date:
Applicant's Name (Please Print):	Title:
Producer's Signature:	Date:
Producer's Name (Please Print):	Title: