



LESSOR'S RISK SUPPLEMENTAL APPLICATION

DATE (MM/DD/YYYY)

NAME (First Named Insured) AND MAILING ADDRESS		AGENCY	
PROPOSED EFF DATE	PROPOSED EXP DATE	CODE:	
		CONTACT NAME:	

SUPPLEMENTAL QUESTIONS

	YES	NO
PROPERTY		
1. DOES PROPERTY HAVE FIRE EXTINGUISHERS LOCATED THROUGHOUT THE BUILDING?	<input type="checkbox"/>	<input type="checkbox"/>
2. IS THERE A FIRE HYDRANT WITHIN 1,000 FEET OF EACH BUILDING?	<input type="checkbox"/>	<input type="checkbox"/>
3. ARE SMOKE ALARMS EQUIPPED WITH BATTERY BACKUP?	<input type="checkbox"/>	<input type="checkbox"/>
4. IS THERE AN ACTIVE AUTOMATIC FIRE ALARM? IS IT CONNECTED TO A CENTRAL STATION?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. IS THERE AN ACTIVE AUTOMATIC BURGLAR ALARM? IS IT CONNECTED TO A CENTRAL STATION?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. IS THERE AN ACTIVE AUTOMATIC SPRINKLER SYSTEM? IS IT CONNECTED TO A CENTRAL STATION?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. DISTANCE BETWEEN BUILDINGS? _____		
LIABILITY		
8. ARE PARKING LOTS, DRIVEWAYS & WALKWAYS WELL LIGHTED & MAINTAINED?	<input type="checkbox"/>	<input type="checkbox"/>
9. DOES THE PROPERTY HAVE A PLAYGROUND OR FITNESS FACILITY?	<input type="checkbox"/>	<input type="checkbox"/>
10. IS THE BUILDING OWNER NAMED AS AN ADDITIONAL INSURED ON THE TENANT'S POLICY?	<input type="checkbox"/>	<input type="checkbox"/>
11. DO THE OPERATIONS OF ANY TENANT INCLUDE A GRILLING OR DEEP FAT FRYING EXPOSURE? IF SO, ARE ALL GRILLING OR DEEP FAT FRYING SURFACES PROTECTED BY A UL 300 WET ANSUL SYSTEM?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
12. DO YOU REQUIRE SERVICING OF THE SUPPRESSION SYSTEM BY AN INDEPENDENT CONTRACTOR? IF SO, HOW OFTEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
13. DO YOU REQUIRE THE CLEANING OF THE VENTILATING EQUIPMENT BY AN INDEPENDENT CONTRACTOR? IF SO, HOW OFTEN? _____	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE LIST ALL TENANTS:

NAME OF TENANT	DESCRIPTION OF OPERATIONS	LENGTH OF TENANCY	AREA	ANNUAL RENT

IF THIS SCHEDULE IS NOT SUFFICIENT TO LIST ALL TENANTS, PLEASE USE MULTIPLE COPIES OR PROVIDE ALL OF THE INFORMATION ON A SEPARATE SHEET.

- PHOTOS OF FRONT & BACK OF BUILDINGS ARE REQUIRED WITHIN 30 DAYS OF BINDING.
- COPY OF LEASE AGREEMENT IS REQUIRED 30 DAYS OF BINDING.
- CERTIFICATES OF INSURANCE FROM THE TENANTS ARE REQUIRED WITHIN 30 DAYS OF BINDING.