

APPLICATION FOR LESSOR'S RISK INSURANCE

Broker/Company: _____ **Submitted By:** _____
Email Address: _____ **Effective Date:** _____ **Need by Date:** _____

If this is a multiple location submission and all of the locations are on an SOV spreadsheet please only complete the vesting/owner information on this application

SELECT PROGRAM(S) YOU ARE INTERESTED IN:

MUST CHOOSE ONE: Property and Liability Property Only Liability Only

Primary and Excess Liability Limits Desired: _____

VESTING / REGISTERED OWNER INFORMATION:

Named Insured/Insurable Interest: _____

Mailing Address: _____ Owner Property Manager

City: _____ State: _____ Zip: _____

Property Inspection Contact Name: _____ Property Inspection Contact Phone Number: _____

New Insured **Prior Insured** If Prior Insured, what year(s): _____

Current Insured Member Current Account Name: _____ Approximate number of properties insured: _____

PROPERTY INFORMATION:

Insured Location Address: _____

City: _____ State: _____ Zip: _____ County: _____ EQ Zone: _____

Property Type: Commercial/Industrial Warehouse Vacant Land
 Retail Space Apartment Building/Complex* Planned Unit Development (PUD)*
 Office Building Condominium/HOA* Other _____
 Mixed Tenancy (HAB and Retail)* If Mixed Tenancy: Habitational Sq. Ft.: _____ Commercial Sq. Ft.: _____

**Supplemental Habitational Application Also Required*

Occupancy Percentage: _____% **Any Individual Buildings Less Than 25% Occupancy?** Yes No

Number of Years Property Owned by Insured: _____

Building Sq. Ft.: _____ Parking sq. ft. (if contained within main structure): _____ Total Building Sq. Ft. (incl. parking): _____

Number of Residential Units: _____ Number of Pools: _____ Number of Spas: _____ Fenced? Yes No

Building Value: \$ _____ Annual Rents: \$ _____ or HOA Dues/Fees: \$ _____ Contents: \$ _____

Year Built: _____ Year Building Last Remodeled/Retrofitted: _____ Total Number of Separate Buildings: _____

Number of Stories: _____ Number of Basements: _____ If above three stories does each building have two enclosed stairwells? Yes No

Construction Type: Wood Frame (ISO 1) Masonry/Joisted Masonry (Brick/Concrete Block) (ISO2)
 Non-Combustible with Metal Roof (ISO 3) Steel Frame/Masonry Non-Combustible (ISO 4)
 Modified Fire Resistive/Highly Protected Risk (HPR) (ISO 5/6)

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Roof Type: Composition Shake Shingle Fire Resisitive (Tile, Slate, Concrete) Year Roof Last Replaced: _____ N/A

Electrical System: Circuit Breakers Fuses Aluminum Wiring? Yes No

Fire Sprinklers: Full Partial None Comments About Fire Sprinkler System: _____

Central Station Alarm: Yes No

Other Parking (If applicable): Tuck-Under Carport Separate Structure Attached Open Lot

Other Parking Sq. Ft. and/or Number of Spaces: _____

***Years Updated:** Wiring: _____ Plumbing: _____ HVAC: _____ Fire/Life Safety: _____ **It is imperative that the years updated is completed*

- a. Are driveways, parking & sidewalks in smooth repair? Yes No (please explain) _____
- b. Are stairs, porches, rails, landings and balconies in good repair? Yes No (please explain) _____
- c. Any graffiti on walls or fences? No Yes (please explain) _____
- d. Any garbage, debris or inoperable vehicles on premises? No Yes (please explain) _____
- e. Is there any deferred maintenance (ie. dry rot, water damage) at location? No Yes (please explain) _____
- f. Does structure have a wood shake roof? No Yes (please explain) _____

Has this property sustained a loss during the past five (5) years? No Yes

Please check box if Carrier Loss Runs are included in this submission

If loss runs are not attached, please provide a statement of the loss experience for the past five (5) years: _____

If hard copy loss runs are not provided in the submission and coverage is requested, five (5) years with a minimum of three (3) years "hard copy" Carrier Loss Runs will be required to verify loss experience within 30 days of the requested date.

Crime and Vandalism in Neighborhood? High Medium Low

Are tenants informed of crime and vandalism activity? Yes No

Are there any regular new bulletins by Ownership/Manager? Yes No

Automatic Earthquake Gas Shutoff Valve Installed? Yes No

Are employees screened? Yes No

If yes,

- a. References? Yes No
- b. Prior jobs? Yes No
- c. Credit Checks? Yes No
- d. Criminal Checks? Yes No

Are tenants screened prior to leasing? Yes No

If yes:

- a. Credit Checks? Yes No
- b. Criminal Checks? Yes No

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FOR NON-HABITIONAL RISKS:

Sample Lease Attached Rent Rolls Attached

Current Tenant Insurance Evidence Attached

Minimum Liability Requirements for Tenant: _____

Do your service agreements require the contractor to have liability coverage? Yes No

If so, what are the Minimum Liability Requirements? _____

If Rent Rolls are not attached please complete the table below:

	Suite #	Tenant Name	Tenant Business Type	Size (SF)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

Totals: _____

Vacant Sq. Ft.: _____

Total Sq. Ft.: _____

Occupancy %: _____

Note: Include all square footages whether occupied or vacant.

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(Continued)

ADDITIONAL INSURED INFORMATION:

Loan #:	_____		
Name:	_____		
Address:	_____		
City:	_____	State: _____	Zip: _____
Nature of Interest:	<input type="checkbox"/> 1 st Mortgagee	<input type="checkbox"/> GL 15-1	<input type="checkbox"/> Additional Insured, reason: _____
	<input type="checkbox"/> 2 nd Mortgagee	<input type="checkbox"/> GL 15-2A	<input type="checkbox"/> Loss Payee
	<input type="checkbox"/> 3 rd Mortgagee	<input type="checkbox"/> GL 15-2B	<input type="checkbox"/> 438BFUNS Applies
<i>Select all that apply</i>			

Loan #:	_____		
Name:	_____		
Address:	_____		
City:	_____	State: _____	Zip: _____
Nature of Interest:	<input type="checkbox"/> 1 st Mortgagee	<input type="checkbox"/> GL 15-1	<input type="checkbox"/> Additional Insured, reason: _____
	<input type="checkbox"/> 2 nd Mortgagee	<input type="checkbox"/> GL 15-2A	<input type="checkbox"/> Loss Payee
	<input type="checkbox"/> 3 rd Mortgagee	<input type="checkbox"/> GL 15-2B	<input type="checkbox"/> 438BFUNS Applies
<i>Select all that apply</i>			

CURRENT INSURANCE COVERAGES:

	Insurance Company	Limit	Deductible	Premium
Commercial General Liability:				
Excess General Liability:				
Property – All Risk:				
Property – DIC (if applicable):				

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Date: _____ Applicant: _____ Signature: _____