

LESSOR'S RISK APPLICATION

Applicant Name:

Agent's Name:

Mailing Address:

Mailing Address:

Location Address:

Proposed Effective Date:

From: 12:01 A.M. Standard Time at
the address of the Applicant

To:

Bankruptcy - Within the last 5 years, were there any pending or planned bankruptcies or judgements for unpaid taxes against you, or your majority partner?

Yes No

Receivership – Within the last 5 years, has the property undergone or are there any plans for the property to undergo receivership?

Yes No

FEIN:

Inspections and Audit Information:

Contact Name:

Title:

Phone Number:

Website:

Description of Operations:

of Years in Business:

SUBMISSION REQUIREMENTS

- Fully completed, Insured signed & dated ACORD application
- 5 years of currently valued carrier issued Loss Runs (of all properties to be insured)
- SOV with COPE information including building updates for Roof, Plumbing, HVAC, and Electrical
- Copy of rent rolls
- Copy of maintenance schedule
- Copy of contract with Lessee and/or Subcontractor

SECTION I – RISK PROFILE

1) Has the Applicant maintained Commercial General Liability coverage for the past 5 years?

Yes No

2) Is the Applicant the owner of all properties?

Yes No

- 3) Are there any entertainment operations on the premises such as nightclubs, strip clubs, bars/taverns, billiards, concert venues, banquet halls, casinos, or family fun centers?
If Yes, provide details: Yes No
- 4) Any nursery or daycare operations (whether child/elder care), assisted living, healthcare or medi-spa operations on the premises? Yes No
- 5) Any residential exposures on the premises? Yes No
- 6) Within the past 5 years, has there ever been an incident involving the release of a firearm on the premises? Yes No
- 7) Is there a maintenance and janitorial program in place? Yes No

SECTION II – TENANT INFORMATION

- 8) Please complete the below information for all tenants and attach a list (if necessary) for any additional tenants that exceeds the chart below.

Tenant	Occupancy/Operations	Area/Sq ft Occupied	Duration of Tenancy

- 9) Does the Applicant's lease agreement require the tenant to be responsible for:
- a. Maintenance and/or repairs of leased premises? Yes No
- b. Maintenance and/or repairs of common areas? Yes No
- c. Snow and ice removal of parking lots, sidewalks, driveways, etc.? Yes No
- 10) Are any of the tenants under a "Triple Net Lease"? Yes No
- 11) Are any of the tenants' operations open past midnight? Yes No

SECTION III – BUILDING INFORMATION

- 12) Name and Address of Location(s) to be insured:

13) Building Sq Ft # of Buildings # of Stories
 Parking Sq Ft # of Elevators Maximum Occupancy
 Year Built

- 14) If the building is older than 15 years old, please confirm when the following updates were performed.

Roof: Plumbing: Electrical: HVAC:

- 15) Is the building managed by:

Employee Property Management Firm

If managed by a Property Management Firm, are they required by written contract to provide Certificates of Insurance, evidencing that they maintain Commercial General Liability coverage with limits equal to or greater than \$1,000,000 each occurrence/\$2,000,000 aggregate, and include the Applicant as an additional insured?

Yes No

- 16) Does the Applicant occupy and operate out of any portion of building? Yes No
If Yes, specify operations and square footage:
- 17) Are there any apartment units in the building? Yes No
If Yes, confirm # of units:
- 18) Do any of the tenants conduct manufacturing operations in the building? Yes No
If Yes, provide details of operations:
- 19) Any commercial cooking facilities on the premises? Yes No
If Yes, does it have an extinguishing system over the cook surface? Yes No
- 20) Any Underground Storage Tanks on the property? Yes No
Yes, confirm what is stored in the tanks:

SECTION IV – FIRE & LIFE SAFETY

- 21) Is the building in full compliance with state and local statutes governing safety devices? Yes No
- 22) Has the Applicant ever been cited for any fire, health code, or life safety violations? Yes No
If Yes, explain:
- 23) Does the building have a central station fire alarm and/or smoke detector(s)? Yes No
- 24) Is emergency lighting provided in the common areas? Yes No
- 25) Are there at least two means of egress? Yes No
- 26) What percentage of the buildings are sprinklered? %
- 27) Is there a formal evacuation plan in place? Yes No
If Yes, is the evacuation plan posted at a visible location in the event of an emergency? Yes No

SECTION V – MAINTENANCE

- 28) Does the Applicant have a full-time maintenance staff? Yes No
- 29) Confirm the type of building and/or maintenance, service and repair performed by the Applicant (Direct) or subcontracted (Subbed).**

NOTE: Direct is a percentage of total direct payroll and Subbed is a percentage of total subcontractor cost.

Type	Direct	Subbed
Snow & Ice Removal	%	%
Elevator Maintenance & Repairs	%	%
Landscaping	%	%
Janitorial/Cleaning Services	%	%
General Maintenance & Repairs	%	%
Other:	%	%

- | | | |
|---|-----|----|
| 30) Does the Applicant have written procedures for routine inspections of the premises to identify potential liability hazards? | Yes | No |
| If Yes, are records of completed inspections and repairs retained for at least five years? | Yes | No |
| 31) Are there any construction projects planned for the upcoming policy term? | Yes | No |
| If Yes, provide full details of project, location, total costs, payroll, and sub costs: | | |
| a. Will the construction be subbed out? | Yes | No |
| b. Are signs clearly posted on property to warn the third party of construction and/or routine maintenance? | Yes | No |

SECTION VI – PREMISE SECURITY

- | | | |
|--|------------------------------------|---------------------------|
| 32) Are there surveillance cameras on the premises? | Yes | No |
| 33) Description of site security (please check off all that apply): | | |
| Employees | Independent Security Guard Service | Off-Duty Uniformed Police |
| Armed | Unarmed | |
| Describe duties and training: | | |
| 34) Does the Applicant conduct criminal background checks and reference checks for all Employees, Volunteers, and Independent Contractors? | Yes | No |
| 35) Are firearms permitted on the premises? | Yes | No |
| 36) Within the past 5 years, have there been any incidents at the location where the police were called to respond? | Yes | No |
| If Yes, explain: | | |

SECTION VII – RISK TRANSFER

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|--|-----|----|
| 37) Does the Applicant secure written contracts/lease agreements with all subcontractors, security guard service, and/or renters or tenants ? | Yes | No |
| If Yes, does the contract require them to: | | |
| a. Carry \$1,000,000 Occurrence/\$2,000,000 General Aggregate Limits in General Liability coverage or greater? | Yes | No |
| b. Name the Applicant as an Additional Insured? | Yes | No |
| c. Defend, indemnify and hold the Applicant harmless? | Yes | No |
| d. Maintain Workers Compensation insurance (if not a renter or tenant)? | Yes | No |

SECTION VIII – LOSS HISTORY DETAILS

38) Describe any **liability losses** (whether or not covered by insurance) claimed or sustained within the past five years including:

- a. Amounts paid or reserved for damages or expenses:
- b. Corrective actions implemented to prevent similar losses:

39) Describe any losses (whether or not covered by insurance) involving **assault or battery** claimed or sustained within the past five years including:

- a. Amounts paid or reserved for damages or expenses:
- b. Corrective actions implemented to prevent similar losses:

SECTION IX – CURRENT LIABILITY INSURANCE PROGRAM

40) Current Carrier:

Limits:

Deductible/SIR:

Rate:

Premium:

Fraud Notices

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.