



Lessor's Risk Supplemental Application

APPLICANT'S NAME		DBA (if applicable)	
Mailing Address	City	State	Zip
Email of Primary Contact		Phone Number	
Audit Contact Name (if different from above)		Phone Number	
First Year in Business		Annual Sales/Revenue	
Number of Employees			

UNDERWRITING ELIGIBILITY – ALL CLASSIFICATIONS

	YES	NO
Are functioning and operational fire extinguishers readily available?	<input type="checkbox"/>	<input type="checkbox"/>
Are wood-burning stoves, space heaters or temporary heating devices used as the primary heat sources?	<input type="checkbox"/>	<input type="checkbox"/>
Is any location, currently or in future, under construction or renovation?	<input type="checkbox"/>	<input type="checkbox"/>
Has any policy or coverage been declined, cancelled or non-renewed during the prior three (3) years for any premises or operations? *If marked yes, please provide details _____	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant own or operate any other businesses? *If marked yes, please provide details _____ *If marked yes, does the business have coverage placed elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>

LESSOR'S RISK CLASSES ONLY

N/A

	YES	NO
Has any tenant been evicted in the past 6 months or is any tenant in the process of being evicted?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant have a lease agreement in place with all tenants?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant have a 24 hour operation	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant the owner of the property?	<input type="checkbox"/>	<input type="checkbox"/>
Are there security bars on the windows? *If marked yes, are there internal safety release mechanisms?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant re-key all locks prior to leasing to new tenants (not applicable to seasonal rentals)?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a swimming pool on premises?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant complete tenant screenings prior to finalizing lease agreements?	<input type="checkbox"/>	<input type="checkbox"/>



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	YES	NO
Does the location have any restaurant or cooking exposures?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant subcontract any work?	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant require to be added as Additional Insured - Building Owner on all tenant/occupant insurance policies?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant occupy a portion of the building for reasons other than the lessor's risk operation?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant require tenants to sign a lease agreement?	<input type="checkbox"/>	<input type="checkbox"/>
Is alcohol consumed on premises?	<input type="checkbox"/>	<input type="checkbox"/>
How many apartment units are located in building? _____		
Does the applicant subcontract any work?	<input type="checkbox"/>	<input type="checkbox"/>
*If marked yes, what is the subcontracted work percentage of gross sales? _____		
*If marked yes, are certificates of insurance obtained prior to any subcontractor starting work that show a minimum of \$500,000/\$500,000 General Liability limits?	<input type="checkbox"/>	<input type="checkbox"/>
*If marked yes, is the applicant named as additional insured on the subcontractor's General Liability policy?	<input type="checkbox"/>	<input type="checkbox"/>
*If marked yes, does the applicant's written agreement with subcontractors contain indemnification and/or hold harmless wording?	<input type="checkbox"/>	<input type="checkbox"/>

Name (Please Print)

Authorized Signature Date