

**GENERAL CASUALTY
LESSOR'S RISK SUPPLEMENTAL APPLICATION**

Applicant Name: _____ Location Address: _____
 Mailing Address: _____

GENERAL INFORMATION

1. Year Built: _____ Construction: _____ # Stories: _____
2. Year Updated: Heating: _____ Roof: _____ Plumbing: _____ Wiring: _____ Parking areas: _____
3. Type of Occupancy:
 Office Warehouse Industrial Shopping Center Other: _____
4. Building Square Footage: _____ Parking Area Square Footage: _____
5. Is the building managed by: Employees Professional Property Management Firm
6. If applicable, is applicant named add'l ins'd on Property Manager's Policy? No Yes
7. Please List all occupants of the building **OR** Attach a tenant listing/rent roll

FIRE/SAFETY INFORMATION

8. Sprinklered? No Yes
 % Sprinklered: _____ %
9. Smoke detectors in each unit? No Yes
 Hard-wire or Battery?
 How often checked? _____
10. Emergency Lighting? No Yes
11. Central Station alarms? No Yes
12. Is there an elevator? No Yes
 Number of elevators? _____
13. Is an elevator maintenance agreement in effect naming applicant as additional insured with hold harmless? No Yes
14. Any restaurant or bar? No Yes
15. Ansul System? No Yes
16. Service Agreement? No Yes

SECURITY

17. Is security provided? No Yes
18. If "Yes," what type? Guards Cameras
19. If there are security guards present, please answer the following questions:
20. Are the guards: Armed Unarmed
21. Are the guards: Employees Independent Contractors Off duty police
22. If independent contractors:
23. Certificates of Insurance obtained? No Yes
24. Applicant named add'l insured with hold harmless on security's policy? No Yes
25. Have there been any previous incidents of physical or sexual assault? No Yes
 If "Yes," please explain: _____

MAINTENANCE

26. Building Maintenance/Inspection Program? No Yes
27. Parking Lot Maintenance/Inspection Program? No Yes
 Maintenance is performed by: Employees Subcontractors

28. If outside contractors: Certificates of Insurance are obtained
 Applicant is named add'l insured w/hold harmless on sub's policy
29. Snow/Ice Removal is performed by: Employees Subcontractors
 If outside contractors: Certificates of Insurance are obtained
 Applicant is named add'l insured w/hold harmless on sub's policy

CONTRACTUAL INFORMATION

30. Is the landlord/tenant agreement a 'Triple Net Lease'? No Yes
31. Certificates of Insurance required from tenants? No Yes
32. Tenants' limits required to be equal to or greater than applicant's? No Yes
33. Applicant named as add'l insured on Tenants' policies? No Yes
34. Hold harmless agreement in place w/tenants in favor of applicant? No Yes

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

Applicant Signature _____
 Producer _____

Date _____
 Date _____