

LESSOR'S RISK ONLY APPLICATION

APPLICANT INFORMATION:

NAME:	
MAILING ADDRESS:	
PROPOSED EFF DATE: FROM:	TO: WEBSITE:
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION	YEARS IN BUSINESS
<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER	

DESCRIPTION OF PREMISE(S):

LIST OF ALL OCCUPANTS OF THE BUILDING AND PERCENTAGE OF OCCUPANCY:

	Occupant(s)	Percentage of Occupancy		Occupant(s)	Percentage of Occupancy		Occupant(s)	Percentage of Occupancy
1.		%	6.		%	11.		%
2.		%	7.		%	12.		%
3.		%	8.		%	13.		%
4.		%	9.		%	14.		%
5.		%	10.		%	15.		%

GENERAL INFORMATION:

1. Does the applicant have a lease in place with all tenants in the building?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Does the lease require the tenant(s) to maintain and/or repair the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does the lease require the tenant(s) to remove snow and ice, maintain sidewalks, driveways, and parking lots?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Number of years the applicant has owned the building	
5. Does the applicant obtain Certificates of Insurance for General Liability from all tenants? If YES, what limits of liability are required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are tenants required to name applicant as an Additional Insured on their GL policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Does the lease agreement contain a Hold harmless Agreement in favor of the applicant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Does the lease agreement require that certain protective safeguard systems (i.e., ansul system, dust collection, spray booth) be maintained by the tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Does the insured occupy any of the premises? If YES, what operations are taking place on the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Do the operations of any of the tenants involve the following activities:	Yes <input type="checkbox"/> No <input type="checkbox"/>
A. Any storage or handling of environmental or medical waste material on premises	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Nightclub	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Concert Hall	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Nursing Home or Assisted Living Facility	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Medical Marijuana Dispensary, Cafe or Shop	Yes <input type="checkbox"/> No <input type="checkbox"/>
F. Cooking	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. If YES, does the tenant have an automatic extinguishing system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Check type of system: Wet System <input type="checkbox"/> Dry System <input type="checkbox"/>	

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G. Spray Painting	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. If YES , does the tenant have an UL approved spray booth?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ii. Is there a separate paint room?	Yes <input type="checkbox"/> No <input type="checkbox"/>
H. Woodworking	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. If YES , is there a dust collection system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I. Welding	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. If YES , are tanks chained to the wall or post when not in use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
J. Any Pyrotechnics used in any entertainment acts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
K. Abortion Clinics	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Is applicant responsible for building maintenance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
A. If YES , does applicant hire subcontractors or use his own employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. If subcontractors are used, does applicant obtain COI's?	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. If subcontractors are used, provide annual cost \$ _____	
12. Is insured planning a major rehabilitation/renovation (structural renovation OR exceeding 20% of the existing building value) of the premises? If YES , please provide details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Remarks:	

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Producer Code: _____ Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance.**