



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 <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER	YEARS IN BUSINESS

DESCRIPTION OF PREMISE(S):

GENERAL INFORMATION

1. Please list all occupants of the building:	
2. Does the applicant obtain Certificates of Insurance for General Liability from all tenants?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , what limits of liability are required?	
3. Are tenants required to name applicant as an Additional Insured on their GL policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Does the lease agreement contain a Hold harmless Agreement in favor of the applicant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Does the lease agreement require that certain protective safeguard systems (IE: ansul system, dust collection, spray booth) be maintained by the tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Does the insured occupy any of the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , what operations are taking place on the premises?	
7. Do the operations of any of the tenants involve the following:	
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. Cooking?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , does 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"/>	
F. Spray Painting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , does tenant have UL approved spray booth?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a separate paint room?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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Do the operations of any of the tenants involve the following: (continued)	
G. Woodworking? If Yes , is there a dust collection system?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
H. Welding? If Yes , are tanks chained to the wall or post when not in use?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
I. Any Pyrotechnics used in any entertainment acts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
J. Abortion Clinics?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. 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?	
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 \$ _____.	
9. Is insured planning a major rehabilitation/renovation (structural renovation OR exceeding 20% of the existing building value) of the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please provide details.	
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.