

LESSOR'S RISK SUPPLEMENTAL APPLICATION

Named Insured: _____

<u>Additional Named Insureds</u>	<u>Percentage Owned</u>

Other operations not contemplate on this policy (If any): _____

Section I. General

1. If the insured has been in business for less than 5 years, please confirm the senior leadership has at least 5 years of experience in a similar field. Yes No
2. Have the applicant's insurance been canceled or non-renewed in the past 5 years? Yes No
 - a. If yes, please provide details: _____
3. How many units are available?

4. What is the percentage of vacancies, if any?

5. What is the average rent?

6. Please advise if any of the below occupancies exist:

a. Assisted Living or Group Home Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Physical or Substance abuse rehabilitation facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Student housing	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Boarding or Rooming houses	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Condo- Hotel exposures	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section II. Apartment Only (If condo, you can skip)

1. Does the insured have a formal application process including background checks on all tenants? Yes No
2. Does the insured have a pool? Yes No
 - a. If Yes, does the insured operate the pool or contract it out? Yes No
 - b. Are pool rules clearly listed and posted up? Yes No
 - c. If no lifeguard is on duty, does the pool specify "Swim at your own risk" sign? Yes No
3. Does the applicant re-key all locks prior to leasing to new tenants? Yes No

Section III. Buildings over 5 stories in height – please complete the below

1. Is the building sprinkled basement to the penthouse? Yes No
(Our program requires 100% sprinkled on all floors including the basement for habitational risks)
2. Confirm central station fire and burglar alarms are in place. Yes No
3. Confirm 2 means of egress from each floor, not including the elevators. Yes No
4. Confirm stairwells are fully enclosed. Yes No
5. Confirm the building has written emergency procedures are in place
with evacuation plans posted on each level in conspicuous place Yes No
6. Confirm no aluminum wiring Yes No

Signature _____ Date _____