

LESSOR'S RISK SUPPLEMENTAL APPLICATION- COMMERCIAL

Named Insured: _____

Additional Named Insureds	Percentage Owned

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

1. If the insured has been in business for less than 5 years, please confirm that the senior leadership has at least 5 years of experience in a similar field. Yes No
2. Has the applicant's insurance been canceled or non-renewed in the past 5 years? Yes No
If yes, please provide details: _____
3. Does the applicant provide security guards? Yes No
 - a. If yes, are the guards:
 - i. Armed Unarmed
 - ii. Are the guards: Employees Independent Contractors
 1. If independent contractors, do they name the applicant as additional insured? Yes No
 2. If independent contractors, are certificates of insurance obtained? Yes No
4. Does the applicant have vacant units? Yes No
 - a. If yes, please answer the following:
 - i. How long has each unit been vacant? _____
 - ii. What is the current plan to occupy the vacant space? _____
 - iii. When is the vacant space expected to be filled? _____
 - iv. What controls are in place while the location(s) are vacant? _____
 - v. Is there a central station fire/burglar alarm system? _____
 - vi. Does security guards do a daily walk-through? Yes No
 - vii. Is there working video surveillance? Yes No
5. Please provide an executed lease agreement for the current tenant(s).
6. Please provide an executed vendor contract for interior and exterior maintenance i.e. sidewalks, parking, snow removal, repairs, etc.
7. Please provide a complete tenant list including a description of the tenants' operations (including vacancy).

Signature _____ Date _____