



# Lessor Risk Only Product

## LESSOR'S RISK ONLY SUPPLEMENTAL WARRANTY APPLICATION

Please complete all sections of this application and have signed by the applicant.

1. Name of Insured: \_\_\_\_\_
2. DBA: \_\_\_\_\_
3. Inspection Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_
4. Loss information for the past 3 years:  None

### GENERAL INFORMATION

5. Total Square footage of building: \_\_\_\_\_ Height of building (# of stories): \_\_\_\_\_  
If 7 or more, is the building fully sprinklered?  N/A  Yes  No
6. Do you occupy and operate out of any portion of this building?  Yes  No  
If Yes, total square footage of part you occupy: \_\_\_\_\_  
Description of your operations: \_\_\_\_\_
7. Are all buildings at least 35% occupied?  Yes  No  
If No, how long has the property been available for rent? \_\_\_\_\_
8. Is any tenant a Nursing Home, Health Care Facility or Assisted Living Facility?  Yes  No
9. Are operations of all tenants exclusively office or manufacturing related?  Yes  No
10. Does applicant have a current executed lease agreement with all commercial tenants that requires each to maintain Commercial Liability Insurance and to provide certificates of insurance confirming such coverage?  Yes  No
11. Are there any structural renovations ongoing or planned during our policy term?  Yes  No
12. Does applicant's lease agreement require all commercial tenants to name them as an Additional Insured on tenant's Commercial Liability Policy?  Yes  No
13. If a single occupancy risk, does the applicant's lease agreement require the tenant to be responsible for the condition of pavements and curbs associated with the leased premises, including keeping such free from snow or ice?  N/A  Yes  No

\*Note: Applicant will receive an additional 10% credit for each "Yes" answer to Questions #12 or #13 when applicant provides us a copy of an executed lease agreement supporting such prior to quoting.

### ADDITIONAL INSUREDS Not Applicable

14. Please advise all entries requesting to be added as Additional Insured on this policy:

**Fraud Statement:** Any person who knowingly and with the intent to defraud any insurance company or other person, files and 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, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

**Applicant's Warranty Statement:** The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material



submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

**Virginia Notice:** Statements in the application shall be deemed the insured’s representations. A statement made in the Application or in any affidavit made before or after a loss under the policy will be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause “and/or authorization or agreement to bind the insurance” is replaced with “authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for may render inaccurate, untrue or incomplete any statement made with the minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for non payment of premium.”

Applicant’s Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Owner or Officer)

Broker’s Signature \_\_\_\_\_

Some states require that we have the Name and Address of your (Insured’s) Authorized Agent or Broker.

Name of Authorized Agent or Broker \_\_\_\_\_

Address: \_\_\_\_\_

Mail complete application through local Agent or Broker to: \_\_\_\_\_

\_\_\_\_\_