



LESSOR'S RISK APPLICATION FORM

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

OCCUPANCY QUESTIONS

1. In which state is the property to be insured: _____
2. Does the applicant occupy any of the building? Yes No
3. Are any of the following occupancies in the building to be insured –
 Chemical or Explosive Storage or Distribution; Cinemas, Bowling Alleys,
 Shooting Galleries, Farms, Flea Markets/Bazaars; Hospitals, Nursing Homes,
 Assisted Living, Health Care Facilities Or Medical Centres or Dispensaries, Day Care; Hotels,
 Motels, Bed & Breakfast, Boarding/Rooming Houses, Dormitories or Student Housing;
 Manufacturing or Industrial, Nightclub, Bar, Tavern, Casino or Gentlemans Club;
 Schools or Academics; Gasoline/Service Stations, Tire Capping or Tire Storage: Yes No
4. Applicant Occupancy: _____
5. Please select ALL classifications applicable to your tenants:
 Retailer Office Habitational Restaurant Dealer Distributor Vacant Automatic Repair or Service
6. Are there any apartment units? Yes No
7. Are there more than 8 units? Yes No
8. Is more than 69% of property square footage vacant? Yes No

ELIGIBILITY QUESTIONS

9. Has the applicant had any policy or liability insurance refused, cancelled or non-renewed in the past 3 (three) years? (other than vacancy) Yes No
 If the above answer is Yes, were they for any of the following reasons only:
 - Insurer no longer writing class of business? Yes No
 - Insurer no longer writing class of business in territory?
 - Risk no longer qualifying for an Admitted Carrier program?
 - Loss History?

10. Has the applicant and any other officer/director ever been involved in any bankruptcy proceedings or convicted of arson or insurance fraud? Yes No
11. Have there been more than two insured or uninsured Property or General Liability losses, claims or circumstances or one insured or uninsured loss, claim or circumstance exceeding \$10,000 at the property to be insured or any other property owned/rented by the applicant in the past three years? Yes No

12. Is the Business Seasonal?
13. Are the premises to be insured more than 20,000 square feet?
14. Are the premises to be insured subject to a mortgage provided by an individual or entity other than a financial institution? Yes No
15. Are the premises located in a landslide, fire or brush fire area?
16. Are any combustible/flammable liquids/gases stored at the property to be insured?
17. Is the building to be insured undergoing any renovation or construction work of any kind, or is any such work due to commence while insurance is in effect?

18. Is the electric wiring on fully functioning and operational circuit breakers? Yes No
 (no coverage available for knob & tube, aluminium wiring or fuses)

ELIGIBILITY QUESTIONS (continued)

1%. Any commercial cooking exposure at property to be insured?	Yes	No
2\$. Please confirm UL approved Fire Suppression System installed for all commercial cooking surfaces and confirm that System is monitored, serviced and has a maintenance contract in place?	Yes	No

GENERAL DETAILS

Name and Mailing Address of Applicant _____
_____ State _____ Zip code _____
Telephone _____ Email _____
Address of Property to be Insured: _____
_____ State _____ Zip code _____
Name and Address of Retail Broker: _____
_____ State _____ Zip code _____

CONTACT DETAILS

Contact Name _____
Telephone _____ Email _____

COVERAGE DETAILS

2% Total Sales Last 12 Months: _____ 2&. Estimated Sales Next 12 Months: _____
2' . Occupied Square Footage: _____
2(. Leased Square Footage excluding Habitational units: _____
2) . Please choose which coverage you require: Building Business Personal Property Business Income & Extra Expense
Commercial General Liability
2* . Enter Protection Class: _____
2+ . Construction Type: Frame/~~Wood~~ Moist Masonry ~~Non~~ Combustible ~~Non~~ Masonry Non Combustible ~~Non~~ Modified Fire Resistive
Fire Resistive
2, . Value of Building: _____ 2- . Total square footage of building to be insured including outbuildings: _____
3\$. Age of Building or Complete Building Upgrade in: 0-35 Year ~~35-50~~ 5-50 Years ~~Over~~ Over 50 Years
3% Is the roof older than 25 years: Yes No 3& Number of Floors: _____
3' . Value of Business Personal Property: _____ 3(. Description: _____
3) . Business Income & Extra Expense: _____
3* . Monthly Maximum Limit of Liability Available: 1/3 1/4 1/6
3+ . Wind Hail Deductible: ~~500~~ 500 ~~1,000~~ 1,000 ~~2,000~~ 2,000
3, . All Other Peril Deductible per occurrence: 2,500 ~~5,000~~ 5,000 ~~10,000~~ 10,000
3- . Type of Quote: Basic ~~Special~~
4\$. Liability Limit Required: 300,000/600,000 500,000/1,000,000 1,000,000/2,000,000
4% How Many Apartment Units: _____

