



LESSOR'S RISK ONLY SUPPLEMENTAL APPLICATION

(To be completed in addition to Acord App)

APPLICANT INFORMATION	
NAME:	
LOCATION ADDRESS:	

LIST OF ALL TENANTS OF THE BUILDING AND SQUARE FOOTAGE (OR ATTACH RENT ROLL)					
Occupant/Operation	Sq Ft	%	Occupant/Operation	Sq Ft	%

GENERAL INFORMATION		
1. Is the building area greater than 50,000 sq ft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the applicant occupy the premises and operate a separate business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. If yes, is the separate business an eligible classification for GenStar?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. If yes, does the separate business carry general liability insurance and add applicant as Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Please provide a description of the separate business operations:		
6. Is the applicant planning or conducting a major rehabilitation/renovation of the premises? This includes structural renovations or cost of renovations exceeds 20% of the existing building value.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Please provide a description of the rehabilitation/renovation:		

PROPERTY INFORMATION		
8. Does the lease agreement require certain protective safeguard systems be maintained by the tenant? Consider systems for automatic fire extinguishing, dust collection, spray painting booths, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HABITATIONAL (only applicable for apartments w/mercantile classifications)		
9. Does any occupancy consist of an apartment hotel, fraternity or sorority housing, group home, halfway house, mission, shelter, single room occupancy (SRO), transitional housing, boarding or rooming houses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are more than 30% of tenants college students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are more than 30% of tenants subsidized? (Not applicable in New York)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Is the building previously occupied as a hotel or motel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Are charcoal grills allowed on decks or balconies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMMERCIAL COOKING		
14. Does the tenant have an automatic extinguishing system protecting all cooking equipment, exhaust hoods and ducts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Is the automatic extinguishing system UL300 compliant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Is the automatic extinguishing system serviced on at least a semi-annual basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Is the exhaust hood and duct system NFPA 96 compliant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Is the exhaust hood and duct system cleaned on at least a semi-annual basis? (monthly if solid fuel cooking)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Does the risk include a hookah or cigar lounge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

MANUFACTURING, PROCESSING, OR REPAIR		
20. Are flammable or combustible liquids stored in NFPA 30 compliant or UL approved containers or cabinets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Does the tenant manufacture, mix, or blend chemicals at the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Are oily shop rags disposed of in self-closing metal containers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Are there any recycling operations or storage of environmental or medical waste?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Is all waste material disposed of according to EPA guidelines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Are portable space heaters or wood stove present? (permanently installed gas heaters are acceptable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Does process equipment have automatic shut-off systems to prevent overheating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Is equipment grounded and bonded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Is equipment serviced and maintained on a regular schedule?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. If tenant operations involve manufacturing of plastic, rubber, wood or metal working , is there a dust collection system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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MANUFACTURING, PROCESSING, OR REPAIR (continued)		
30. If tenant operations involve welding , are compressed gas tanks securely stored upright in a cage and/or chained to a wall or post?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. If tenant operations involve spray painting , is all spray painting done in a UL approved spray booth or separate well-ventilated paint room?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WAREHOUSE		
32. Are there any manufacturing operations on premises? (If yes, refer to Manufacturing, Processing, or Repair)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Any storage of aerosols, chemicals, compressed gas, flammables, bulk storage of lithium-ion batteries/e-bikes/e-scooters, or other hazardous materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Are all chemicals or flammable liquids stored in NFPA 30 compliant or UL approved containers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Are there any recycling operations or storage of environmental or medical waste?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

GENERAL LIABILITY INFORMATION		
36. What is the square footage of the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. What is the square footage of the parking lot?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38. If tenant operates a gasoline or oil supply station provide gross sales for rental receipts (use class 44009)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39. Does the location consist of more than 5 stores and more than 25,000 sq ft parking lot? (use class 67635)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40. Is the building over 7 stories?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41. Is any tenant operation open past 1am?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
42. Does any tenant operations include a Bar/Tavern, Check Cashing, or 24-hour operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
43. Does the applicant have a lease in place with all commercial tenants in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
44. Does the lease require tenants carry general liability insurance including limits greater than or equal to the applicant's limits of insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
45. Does the lease require tenants add applicant as Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46. Does the applicant obtain from all tenants a certificate of insurance for general liability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47. Is applicant responsible for care and maintenance of the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48. If yes, does applicant obtain certificate of insurance from contractors hired to work on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Is applicant responsible for maintenance of the parking lot?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50. If no, is the lessee responsible for maintaining the parking lot?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Are tenants responsible for care and maintenance of the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52. If yes, are tenants required to obtain certificate of insurance from contractors hired to work on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53. Is there a procedure in place to remove snow & ice from walkways and paved surfaces in cold weather climates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54. Do the operations of any tenant include the following?		
▪ Abortion Clinic	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Assisted Living, Nursing Home, or similar Residential Care facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Cannabis growing, processing or production	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Markets and Bazaars - open air or indoors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Gentleman's Club, Nightclub, or Concert Hall	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Shelters, Missions, Halfway Houses, Transitional housing, Fraternities or Sororities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Storage or handling of environmental or medical waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STATE FRAUD STATEMENTS

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.



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Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimants with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an 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 subjects such person to criminal and civil penalties.



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Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant*: _____

Title: _____

Agency: _____

Producer Code: _____

Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance.**