

**LESSOR'S RISK ONLY APPLICATION**

Named Insured: _____

Description of Premise(s):

GENERAL INFORMATION

1. Please list all occupants of the building:	
2. Does the applicant obtain Certificates of Insurance for General Liability from all tenants?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what limits of liability are required?	
3. Are tenants required to name applicant as an Additional Insured on their GL policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Does the lease agreement contain a Hold harmless Agreement in favor of the applicant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Does the insured occupy any of the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what operations are taking place on the premises?	
6. Do the operations of any of the tenants involve the following?	
i. A. Any storage or handling of environmental or medical waste material on premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Nightclub?	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Concert Hall?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Is applicant responsible for building maintenance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
A. If yes, does applicant hire subcontractors or use his own employees?	
B. If subcontractors are used, does applicant obtain COI's?	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. If subcontractors are used, provide annual cost?	



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8. Is insured planning a major rehabilitation/renovation of the premises?

Yes || No ||

If yes, please provide details.

Remarks:

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Producer Code: _____ Date: _____

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