

1. Name of Applicant: _____

2. Type of Occupancy? **(Check all that apply.)**

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Offices | <input type="checkbox"/> Strip Mall | <input type="checkbox"/> Indoor Shopping Mall | <input type="checkbox"/> Outdoor Market |
| <input type="checkbox"/> Manufacturing/Industrial | <input type="checkbox"/> Bank | <input type="checkbox"/> Medical Facility | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Bar/Tavern/Night Club | <input type="checkbox"/> Nursing Home/Group Home/Assisted Living Facility | | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Land | <input type="checkbox"/> Mercantile – Single Occupant | |
| <input type="checkbox"/> Other (describe): _____ | | | |

(Note: If warehouse, please complete Application A100.)

3. List all names of tenants, or attach list:

4. What is the area of all buildings to be covered per question 2. above? (square footage)

5. Does the property have a Parking Lot or Garage? Yes No
 If yes, what is the area of the lot/garage? (square footage) _____

6. Who is responsible for the care and maintenance of the property? (Buildings, sidewalks, and parking lots)
Check one: Insured (or insured's management company) or Tenants

7. Insurance Requirements:
- a) Are all tenants required to carry their own Commercial General Liability coverage? Yes No
 If yes, what limits are required? _____
- b) Are all tenants required to name the insured as Additional Insured on their CGL policies? Yes No
- c) Does insured collect Certificates of Insurance on an annual basis from all tenants? Yes No

Note: Submitting copies of these Certificates may qualify insured for premium credits.

8. Do lease agreements contain Hold Harmless wording in insured's favor? Yes No
 If yes, please submit a copy to company for potential premium credits.

9. Does insured have any ownership in any of the tenant's businesses? Yes No
 If yes, please describe: _____

10. Are any security guards employed by insured? Yes No
 If yes, are they armed? Yes No

11. Are there any Underground Storage Tanks on the property? Yes No
 If yes, what do they contain? _____

 Applicant's Signature

 Date

 Title

 Producing Agent