



### Shopping Center Supplemental

<b>Named Insured:</b> _____ <b>Location Address:</b> _____ <b>City, State, Zip:</b> _____ <b>County:</b> _____	<b>Producers Name &amp; Address</b>   
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Total No. of Units _____	No. Vacant _____	Avg Occupancy Rate _____%
Parking Area: _____	No. of Stories _____	
Rental Receipts: _____	Other Receipts: _____	

Completely describe operations at this location:  
 \_\_\_\_\_  
 Please describe any vacancies adjoining this risk:  
 \_\_\_\_\_

Does the insured own or run any of these occupancies? If yes, explain: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Electrical System protected by:	<input type="checkbox"/> Circuit Breakers	<input type="checkbox"/> Fuses
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Indicate type of fire protection on premises:	<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Smoke Detectors
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Is there automatic fire suppression service at least every 6 months If no, explain: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
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Type of heating system: _____ If gas, are heaters properly vented? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Indicate what type of alarm is on premises:	<input type="checkbox"/> Fire	<input type="checkbox"/> Burglar	<input type="checkbox"/> Central Station
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Name of Alarm Company: \_\_\_\_\_

Is there cooking on premises?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Number of Restaurants: How many are pizza shops? _____		
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Is the Landlord named as Additional Insured under tenant's general liability policy? Are their limits equal or greater than our Insured limits?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Is there an Indemnity and/or Hold Harmless Agreement between landlord and tenant(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Does the Insured allow special events or exhibits on premises? If yes, please explain: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Does the Insured own other properties not covered under this policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Has the applicant been non-renewed or refused coverage in the last three years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Has the agent seen the risk in the last 60 days? Overall Condition	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> Good	<input type="checkbox"/> Poor

Have photos of the risk been included with submission, including wide angle of parking lot?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**IMPORTANT NOTICE:** COVERAGE WILL BE FOR PREMISES LISTED ONLY

**FRAUD STATEMENT:** Any person who knowingly and with the 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.

**WARRANTIES:** I/we warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy.

**SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE**

Signature of Applicant X \_\_\_\_\_ Date: \_\_\_\_\_ (Owner, Officer or Partner)

Signature of Agent X \_\_\_\_\_ Date: \_\_\_\_\_ (Licensed Agent)