



### Lessors Risk Supplemental – Single Location

Named Insured: _____ Location #: Address: # _____ : _____ City, State, Zip: _____ County: _____ Inspection Contact: _____ phone : (_____) _____ - _____	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>Producers Name &amp; Address</b></p>     </div>
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1. Are all tenants, by means of the lease agreement, required to (1) obtain general liability insurance, (2) add landlord as additional insured, and (3) send certificates to landlord / agent of landlord?  YES  NO
2. Annual rental income \$\_\_\_\_\_ (This location only)
3. Barriers around structure (to prevent vehicle collision)?  None  All sides  Front only
4. AC units protection:  Ground level unprotected  Ground level caged  Roof  Other
5. Any carpentry/wood manufacturing or foundry/welding exposure?  YES  NO If yes, explain:

Tenant Name (Including DBA) Add vacant units as "vacant" with sq. ft.	Operation	Cooking?	Sq. Ft
(1)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(2)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(3)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(4)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(5)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(6)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(7)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(8)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(9)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(10)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(11)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(12)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(13)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(14)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(15)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

**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)