

☐ **Scottsdale Insurance Company**
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

☐ **Scottsdale Surplus Lines Insurance Company**
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

☐ **Scottsdale Indemnity Company**
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

LESSOR'S RISK & SHOPPING CENTER SUPPLEMENTAL APPLICATION
 (Complete in addition to the ACORD Application)

Applicant's Name: _____

 Location Address: _____

Agency Name: _____

 Agent No.: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Location No.	Building No.	Address	City	State	Zip Code

1. GENERAL INFORMATION

	Location/Bldg.	Location/Bldg.	Location/Bldg.
No. Stories:			
Total square footage per building:			
Percentage of Building that is Vacant:	%	%	%
Percentage of Building for Apartment Rental:	%	%	%
Parking Area Square Footage:			
How are building(s) managed (Insured or Professional Property Management Firm [PPMF]):			
If applicable, is the applicant named as an additional insured on the Property Manager's Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List all occupants of all buildings including square footage of each OR attach a tenant listing/rent roll: _____			

	Location/Bldg.	Location/Bldg.	Location/Bldg.
<p>Does applicant occupy any part of the premises?<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," is the legal entity the same?<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No," name the legal entity: _____</p> <p>Do they have separate insurance cover age?<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do they carry equal or greater CGL limits and named our applicant as an AI?<input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Does risk have common ownership with any tenant?<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," please explain: _____</p>			
Advise Regarding the Following Tenant Occupancies:	If "Yes," Location/Bldg.		
• Ammunition manufacturing and shell reloading..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Anhydrous ammonia dealers <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Assisted living facilities <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Bar/Tavern or Nightclub..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Billiard or Pool Halls <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Gentlemen's clubs <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Barns/Farms <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Cabaret or Comedy clubs..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Chemical distributors <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Chemical manufacturing—all classes <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Cotton processing or cotton gins..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Detention centers—criminal or immigration..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Drug manufacturing—all classes..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Explosives or fireworks sales, storage, or mfg. <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Family planning/pregnancy counseling/abortion clinics... <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Feed manufacturing or feed, grain, or hay dealers <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Fertilizer manufacturers <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Fraternity or sorority houses <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Fuel or oil bulk supply stations and distribution terminals <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Gas manufacturers—all classes..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Grain elevator or grain processing <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Grocery, supermarket, or convenience stores..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Hospitals <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Lead manufacturing and lead works <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Logging operations <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Motels or hotels <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Nursing/Convalescent homes..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Paint manufacturing..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

Advise Regarding the Following Tenant Occupancies:	If "Yes," Location/Bldg.
• Penal institutions <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Plastic products manufacturers <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Recyclers <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Rehabilitation centers <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Rubber manufacturing or rubber reclaiming <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Shopping center <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Teen dance clubs <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Tire dealers, distributors, or storage <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Wood products manufacturing, including pallets <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. SECURITY

	Location/Bldg.	Location/Bldg.	Location/Bldg.
Is security provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what type? <input type="checkbox"/> Guards <input type="checkbox"/> Cameras <input type="checkbox"/> Other If "Other," please explain: _____			
If there are security guards present, please answer the following questions: Are the guards: <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed Are the guards: <input type="checkbox"/> Employees <input type="checkbox"/> Independent Contractors <input type="checkbox"/> Off Duty Police			
If independent contractors: Certificates of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant named as an additional insured with hold harmless on security's policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have there been any previous incidents of physical or sexual assault? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please explain: _____ Tenants open for business past 12am? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please explain: _____			

3. MAINTENANCE

	Location/Bldg.	Location/Bldg.	Location/Bldg.
Building Maintenance/Inspection Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Snow/Ice Removal is performed by: <input type="checkbox"/> Employees <input type="checkbox"/> Subcontractors			
Any renovations planned? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please explain including subcontractor cost: _____			

4. COMMON AREA QUESTIONS:

Who is responsible for maintenance of common areas (parking lots, sidewalks, landscaping, etc.)? _____

What is the original age of the parking lot(s) _____

When was the last time the parking lot(s) was completely repaved? _____

Are parking lot(s) uniformly well-lit? ☐ Yes ☐ No

Are any/all changes in elevation clearly marked? ☐ Yes ☐ No

How often are common areas (parking lots, sidewalks, etc.) checked for defects? _____

Are all defects promptly repaired? ☐ Yes ☐ No

Any ADA compliance issues or code violations in the past three years? ☐ Yes ☐ No

If yes, please explain: _____

Are there stairs at the premise? ☐ Yes ☐ No

If yes, do all stairs have handrails on both sides? ☐ Yes ☐ No

5. SUBCONTRACTOR QUESTIONS:

Does applicant use subcontractors?..... ☐ Yes ☐ No

If yes:

Type of work subcontracted: _____

Annual subcontract cost: _____

Are Certificates of Insurance naming applicant as an additional insured obtained? ☐ Yes ☐ No

Do subcontractors provide a written contract containing a hold-harmless agreement in favor of the applicant? ☐ Yes ☐ No

Are subcontractor limits equal to or greater than our policy limits, or a minimum \$1,000,000 each Occurrence/\$2,000,000 Aggregate? ☐ Yes ☐ No

6. CONTRACTUAL INFORMATION:

Is the landlord/tenant agreement a Triple Net Lease?..... ☐ Yes ☐ No

Written lease agreement in place with all tenants? ☐ Yes ☐ No

Certificates of Insurance required from all tenants? ☐ Yes ☐ No

Tenants' limits required to be equal to or greater than applicant's?..... ☐ Yes ☐ No

Applicant named as additional insured on Tenants' policies? ☐ Yes ☐ No

Additional insured coverage on a primary and noncontributory basis..... ☐ Yes ☐ No

Hold harmless agreement in place with tenants in favor of applicant? ☐ Yes ☐ No

7. Are there swimming, wading pools, hot tubs or spas? ☐ Yes ☐ No

If yes:

Number of pools/wading pools?..... _____

Number of hot tubs/spas? _____

Describe other bodies of water: _____

Pool area fenced with self-latching gate?..... ☐ Yes ☐ No

Depths marked on pool? ☐ Yes ☐ No

Are rules posted and clearly visible? ☐ Yes ☐ No

Life safety equipment at poolside and/or waterfront? ☐ Yes ☐ No

Platforms or diving boards?.....☐ Yes ☐ No Height: _____

Slides?.....☐ Yes ☐ No Height: _____

Are swimming pools, wading pools, hot tubs and spas in compliance with all federal and/or state laws and/or regulations.....☐ Yes ☐ No

Are swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?.....☐ Yes ☐ No

Are there regularly scheduled maintenance and safety inspections performed by qualified maintenance and inspection personnel☐ Yes ☐ No

Certified Lifeguards?☐ Yes ☐ No

(1) If yes, by applicant or outside contractor? _____

If outside contractor, are certificates of insurance on file?.....☐ Yes ☐ No

(2) Are lifeguards CPR certified?.....☐ Yes ☐ No

Ratio of attendants to children while swimming: _____

8. Does risk engage in the generation of power, other than emergency backup power, for their own use or sale to power companies?.....☐ Yes ☐ No

If "Yes," describe:_____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____