

**Commercial Lessor's Risk Only  
Supplemental Application  
(Complete in addition to ACORD)**

- 
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? \_\_\_\_\_

## FRAUD WARNING STATEMENTS

<b>Alabama</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
<b>Arkansas Louisiana West Virginia</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Colorado</b>	<b>It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.</b>
<b>District of Columbia</b>	<b>WARNING:</b> It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<b>Florida</b>	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
<b>Kentucky</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
<b>Maine</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
<b>Maryland</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>New Jersey</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
<b>New York</b>	Any person who knowingly and with 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 not to exceed five thousand dollars and the stated value of the claim for each such violation.  <b>Fire:</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
<b>Ohio</b>	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<b>Oklahoma</b>	<b>WARNING:</b> Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
<b>Oregon</b>	<b>Fire:</b> This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.
<b>Pennsylvania</b>	Any person who knowingly and with 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 subjects such person to criminal and civil penalties.
<b>Rhode Island</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Tennessee Virginia Washington</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>All Other States</b>	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Producing Agent: \_\_\_\_\_