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 800 Oak Ridge TurnPike Suite A-500, Oak Ridge, TN 37830

Commercial Lessors Risk Supplemental Application

Please answer all questions. Submit this supplemental application with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Location Address: _____

BUILDING INFORMATION

1. What is the area of the building? _____ sq. ft.
2. Who does the lease specify is responsible for building premises maintenance? Tenant Landlord
3. What is the area of parking space? _____ sq. ft.
4. Who does the lease specify is responsible for parking lot/garage maintenance? Tenant Landlord
5. What is the annual rental income from the building? \$ _____
6. Type of Occupancy (check all that apply)

<input type="checkbox"/> Office	<input type="checkbox"/> Bank/Financial Institution	<input type="checkbox"/> Mercantile – Shopping Center	<input type="checkbox"/> Mercantile – Other
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Bar/Tavern	<input type="checkbox"/> Service	<input type="checkbox"/> Recreation
<input type="checkbox"/> Gas Station	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Apartments/habitational units	<input type="checkbox"/> Industrial/Manufacturing
<input type="checkbox"/> Warehouse	<input type="checkbox"/> Land only	<input type="checkbox"/> Other: _____	
7. Has the building been vacant for more than 3 months in the past year? Yes No
8. Who is responsible for property management? Self-managed On-site property management firm
 Off-site property management firm Other: _____
9. Are there any agricultural buildings, towers or wind turbines on the premises? Yes No
10. Are there underground storage tanks on the premises? Yes No

LEASE

1. Does the lease contain a hold harmless agreement in the landlord's favor? Yes No
2. Is the Landlord/Tenant agreement a Triple Net Lease? Yes No
3. Are General Liability Certificates of Insurance required from tenants? Yes No
 - a. What minimum CGL limits are required? _____
 - b. Do you require all tenants to add you as an additional insured on their CGL policy? Yes No
2. Is the property being purchased under a land contract or similar financial agreement? Yes No

TENANTS

1. Are any of the tenants an inpatient or residential care facility, including nursing homes, assisted living facilities, foster homes or hospitals? Yes No
2. How many habitational units are in the building? _____
3. Are there any restaurants, bars or taverns are in the building? *If yes, answer sub-questions.* Yes No
 - a. Total area of tenants with commercial cooking: _____ sq. ft.
 - b. Type(s) of cooking:

<input type="checkbox"/> None	<input type="checkbox"/> Grilling	<input type="checkbox"/> Deep fat frying	<input type="checkbox"/> Open broiling	<input type="checkbox"/> Solid fuel cooking	<input type="checkbox"/> Roasting
<input type="checkbox"/> Tableside cooking					<input type="checkbox"/> Barbeque
<input type="checkbox"/> Smokehouse					<input type="checkbox"/> Other: _____
 - c. Are gas and electric cooking fuel supplies required to be equipped with automatic fuel shut-offs and manual pulls? Yes No
 - d. Are UL300-approved automatic fire extinguishing systems required over all cooking surfaces? Yes No
4. Do any tenants have pollution exposures (e.g. large quantities of chemicals on premises)? Yes No
5. Do any occupants manufacture or store firearms, ammunition, pyrotechnics or explosives? Yes No

6. Do any occupants manufacture or store highly flammable and combustible materials? Yes No
7. Do any occupants manufacture motor vehicles or heavy equipment and machinery? Yes No
8. List all tenants and their operations. Yes No

ADDITIONAL OPERATIONS

1. Do you or any employees hold a real estate broker/agent license? Yes No
2. Do you do any third-party property management? Yes No
3. Do you do any construction or real estate property development? Yes No
4. Do you have any ownership in any of the tenant's businesses? *If yes, answer sub-questions.* Yes No
- a. Is the tenant operating under a different business entity that is separately insured? Yes No
- b. Is a written lease in place with the tenant? Yes No
- c. What are the business entity's name and operations? _____

Submit copy of tenant's Certificate of Insurance showing you as an additional insured.

5. Please describe any other operations not otherwise mentioned.

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY AND ARE MADE PART OF ALL APPLICABLE APPLICATIONS FOR INSURANCE.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued. I HAVE READ AND UNDERSTAND THE FRAUD WARNINGS CONTAINED IN ALL APPLICATIONS.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature Title Date

Producer Signature Date