

Commercial Lessors Risk Only (LRO)

1. Name of Applicant: _____
2. Type of Occupancy: (check all that apply)
 - Offices
 - Shopping Mall
 - Manufacturing/Industrial Facility
 - Bar/Tavern/Night Club
 - Home/Assisted Family Living Facility
 - Gas Station
 - Outdoor Market
 - Restaurant
 - Hotel/Motel
 - Other (Describe): _____
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)** **Tenants**
7. Insurance Requirements:
 - a. Are all tenants required to carry their own commercial general liability coverage? Yes No

If yes what are the limits? _____
 - 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 for insured 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 the 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? _____

Applicant's Signature

Date

Title

Producing Agent