|  |  |
| --- | --- |
|   | **Business Owners Policy Supplemental****\*\*For multiple locations, complete premises info for each location\*\*** |

# Applicant Information

**Entity type Applicant Email** Click here to enter text.

Click here to enter text.

**Years of Owner’s Experience**

Click here to enter text. **If not professionally managed, tenant screening service used?** Click here to enter text.

**Inspection contact phone # Any tenant evictions in past 6 months?**

Click here to enter text.Click here to enter text.

**Property Professionally Managed?**

Click here to enter text.

**Name of Professional Management Firm**

Click here to enter text.

**Association Membership? (**AOA|AAGLA/CANo)

Click here to enter text.

# Premises Information

**# Buildings** Click here to enter text. **# Stories** Click here to enter text.

**# Units per building** Click here to enter text. **# Total units** Click here to enter text.

**Pitch of roof** Click here to enter text. **Soft Story or Cripple Wall Board?** Click here to enter text.

**Within 1000' of brush? Within 1000' of shoreline? Distance between each building**

Click here to enter text. Click here to enter text. Click here to enter text.

**Soil type Hillside slope (Degrees) Property a manufactured, modular, or trailer home?**

Click here to enter text.Click here to enter text.Click here to enter text.

**Type of parking & Sq Ftg Seismic (EQ) retrofit completed?**

Click here to enter text. Click here to enter text.

**Ornate architectural details such as Edwardian or Victorian** Applicable if *Year built* ≤ “1930”

Click here to enter text.

# Building Update

**Loc #1 Circuit breakers? Type of wiring (e.g. copper, aluminum, knob & tube) Primary heating source**

 Click here to enter text. Click here to enter text. Click here to enter text.

 **Plumbing type Plumbing leaks or has defects? Roof leaks or has defects? Central or Wall heat?**

 Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

# Protection Information – Yes/No

**Loc #1 Earthquake retrofit Surveillance video cameras Barbed wire fencing Carbon monoxide detector**

 Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

 **Fire alarm type Smoke detectors in each unit and all common areas?**

Click here to enter text.Click here to enter text.

 **Smoke detectors inspected every 12 mo? Water heater double strapped?**

Click here to enter text.Click here to enter text.

 **Water heater secured to foundation? Automatic Gas Shut off Valve?**

 Click here to enter text. Click here to enter text.

**Recreational Facilities**

**Loc #1**

**Gym? Free weights?**

Click here to enter text. Click here to enter text.

**Other recreational facilities**? Click here to enter text.

**Occupancy**

**Loc #1 Annual rents or homeowner association dues Vacancy rates exceeds 30%?**

 Click here to enter text. Click here to enter text.

 **Units designated for seasonal or vacation**

 **(Includes Air B&B)? % Student housing % Senior housing**

 Click here to enter text. Click here to enter text. Click here to enter text.

 **Designated student housing e.g. dormitory Designated senior housing e.g. assisted living, RCFE?**

 Click here to enter text. Click here to enter text.

 **Seasonal or closed more than 30 consecutive days?**

 Click here to enter text. Click here to enter text.

**Optional Coverage**

**Building Ordinance Water Back-up (25, 50, 100K) Equipment Breakdown Employee Dishonesty**

Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.

**Money & Security on Premises Money & Security off Premises Terrorism** Click here to enter text.

**(5, 10, 20K)** Click here to enter text. **(5, 10, 20K)** Click here to enter text.

**Hired/non-owned Auto**

Click here to enter text.

**Additional Information – Answer Yes/No**

* **Short term lease (less than one year) used for new tenant** Click here to enter text.
* **Lawsuit against owner in past three years** Click here to enter text.
* **Annual contract for monthly pest control service** Click here to enter text.
* **Renter’s insuran**c**e required and verified for each unit** Click here to enter text.
* **Premises inspected by Housing Authority or Public Health in past three years** Click here to enter text.
* **Prior defect exists or major repair needed** Click here to enter text.
* **Tenant allegation of living condition, pest infestation, or maintenance issue at
any property** Click here to enter text.

**Policy Inception date and time:** mm/dd/yyyy 12:01 AM **Policy** **Expiration date and time:** mm/dd/yyyy 12:01 AM

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

Applicant’s statement: I have read the above application and any attachments. I declare that the information provided in them is true, complete, and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant signature** | **Date** | **Agent signature** | **Date** |

**If Applicant declines Terrorism Coverage, Applicant or Agent initial here:**