

LESSORS RISK PROFILE

Insured Information:

Applicant Name: _____ DBA: _____

Contact: _____ Phone Number: _____

Fax Number: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Entity: Sole Proprietor Partnership Trust Corporation LLC Other

Current Carrier: _____ Expiration Date: _____ Target Premium: \$ _____

Building Address: _____

City: _____ State: _____ Zip: _____

Building Exposures

Building Type: Industrial Professional Offices Retail Mixed Use Other: _____

Total # Units: _____ Total # Buildings: _____ Total # of Garages (attached/detached): _____

Total # Carports: _____ Square Feet: (Total) _____ # Elevators: _____

Year Built: _____ Fire Alarm: YES NO Smoke Detectors: YES NO

Roof Type: _____ # Stories: _____ Sprinklered: FULL NO Partial _____%

Construction Type: Wood Frame Concrete Tilt up Masonry Steel Frame Other Plumbing Type: _____

Burglar Alarm/Security System: YES NO Does owner occupy any portion of the Building? YES NO

If Building is 25 years or older please provide the year updated for the following building components:

Roof: _____ Electrical: _____ HVAC: _____ Plumbing: _____

Building Occupancy: List out each tenant in the building

| Name: | Sq Ft: | Name: | Sq Ft: |
|----------|--------|-----------|--------|
| 1. _____ | _____ | 6. _____ | _____ |
| 2. _____ | _____ | 7. _____ | _____ |
| 3. _____ | _____ | 8. _____ | _____ |
| 4. _____ | _____ | 9. _____ | _____ |
| 5. _____ | _____ | 10. _____ | _____ |

Coverage Limits Information

Property Coverage:

Note: If there are multiple buildings, please complete statement of Building Values Spreadsheet

Building Coverage \$ _____ Business Personal Property \$ _____

Business Income \$ _____ Deductible \$ _____

Building Ordinance Coverage A: \$ _____ Coverage B&C: Combined \$ _____

Building Ordinance Coverage B: \$ _____ Coverage C: \$ _____

Liability Coverage:

General Liability: 1M/2M 2M/4M Excess Liability: NO YES

Any A.I. to List: NO YES / #: _____ HNOA: NO YES

Additional Insured: Landlord Mortgagee Designated AI

Name: _____ Address: _____