



CID Insurance Services

THE BROKERS PREFERRED WHOLESALE SOLUTION

Lessor's Risk Product

For a complete submission, please include the following information:

- ACORD Applications 125, 126, & 140
- Supplemental Application
- Statement of Values - Required for Multiple Buildings Per Location
- Tenant Rent Roll
- 4 Years Currently Valued Loss Runs
- Target Premium

If you don't see what you need or have any questions, please email your underwriter: michelle@cidinsurance.com

CID Insurance Programs Inc. DBA CID Insurance Services

Lessor's Risk Supplemental Application

Named insured	
Location address	

Complex Information

Number of buildings within the complex?	
Approximate distance between buildings?	N/A <input type="checkbox"/>

Building Information

Owner of property does NOT operate any of the businesses located on the premises	True <input type="checkbox"/> False <input type="checkbox"/>
All commercial tenants are required to carry insurance and the owner/manager obtains certificates of insurance from all commercial tenants as evidence of general liability	True <input type="checkbox"/> False <input type="checkbox"/>
Applicant has a lease in place with all occupants of the building	True <input type="checkbox"/> False <input type="checkbox"/>
How many years has the applicant been at current location?	
Property meet all local zoning codes	True <input type="checkbox"/> False <input type="checkbox"/>
Lease provision requires tenant(s) to maintain general liability insurance with applicant listed as additional insured	True <input type="checkbox"/> False <input type="checkbox"/>
Lease requires tenant(s) to maintain and/or repair the premises, including keeping such premises free of snow and ice including: sidewalks, driveways, parking lots etc. If false, who is responsible?	True <input type="checkbox"/> False <input type="checkbox"/>

Building Systems

Is the building heated by electric baseboard heat?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does any part of the complex use fuses as over-current protection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does building have FPE Stab-Lok type electrical panels?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is aluminum wiring present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is it properly pig-tailed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If yes, when was the complex retrofitted?	N/A <input type="checkbox"/>
If yes, was it performed by a licensed electrician?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Were COPALUM devices used?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is the roof wood shake?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What type of roof cover is used? (asphalt, tile, slate, tar & gravel)	
In what year was the roof covering last replaced?	
Does the building have wood shake siding?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Fire Protection

Is the building sprinklered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what percentage is covered?	N/A <input type="checkbox"/>
If yes, does the sprinkler system contain earthquake bracing?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the building contain standpipes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are fire extinguishers present in all applicable areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is all fire protection equipment covered by a service contract for maintenance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Life Safety

Are smoke detectors battery operated or hardwired?	Battery <input type="checkbox"/> Hard Wired <input type="checkbox"/>
If battery operated, is there a battery replacement plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a fire alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it centrally monitored?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there an enunciator panel?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do all units have carbon monoxide detectors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are exit signs illuminated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is emergency lighting present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are evacuation procedures posted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do living units discharge directly to outside?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, does the common area have two means of egress?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Additional Exposure

Does the premise contain any high hazard exposure?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If yes, please describe:	
Does the premise contain commercial cooking exposure?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If yes, is it properly protected with hood and duct and ansul system?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If yes, is there a manual shut off installed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If yes, how often are the hoods and ducts cleaned?	N/A <input type="checkbox"/>
If yes, how often is the grease filter cleaned?	N/A <input type="checkbox"/>
If yes, do they have a deep fryer?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If yes, does it have a high temperature switch?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is there underground parking or an indoor parking garage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, the approximate square footage?	N/A <input type="checkbox"/>
Outdoor parking lot? If yes, total square footage:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any owned docks, marinas or boat slips?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any facility on the property which involves the care or control of children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there armed security?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any structural renovations ongoing or planned during our policy term?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vacancy rate?	

Other Information

Is the building managed by the owner or third party management firm?	Owner <input type="checkbox"/> Third Party <input type="checkbox"/>
Is the building designated smoke free?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are subcontractors allowed to work without providing you with a COI?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do your subcontractors carry coverage's or limits less than yours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any owner automotive vehicles? Please provide year, make , model and usage:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are hold harmless agreements in the insureds favor in place for all contractors working on the insured premises and for any commercial tenants?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does any insured own or manage any other properties?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Occupants currently at location:

Occupant	Description of occupancy

Signature(s) – owner, insured, applicant

The signature below constitutes acknowledgment of information provided on this supplemental application and any other application or forms that may have been included as part of the application for insurance. This may include but is not limited to various Acord forms, a statement of values, a schedule of locations and/or a lead supplemental application.

Name		Name	
Signature		Signature	
Date		Date	

Any person who knowingly and with the 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 [NY: Substantial] civil penalties, (not applicable in CO, HI, NE, OH, OK, OR; in ME and VA, Insurance benefits may also be denied)

Statement of Values Prepared For:

Location #	Building #	Address	Total Units	Square Feet Per Building	Cost Per Square Foot	Building Values
Total Values						

Other Property & Structures	Total Count	Square Feet Per Property	Cost Per Square Foot	Total Property Values
Total Other Property & Structure Values				

Total Insurable Value: _____

Signature

Date

Printed Name & Title