



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641
800-548-4301 • www.neee.com

LESSOR'S RISK ONLY SUPPLEMENTAL APPLICATION

(Complete in addition to Acord Application)

APPLICANT INFORMATION:

NAME: _____ PROPOSED EFF. DATE: FROM: _____ TO: _____

LOCATION ADDRESS: _____

| | |
|-----------------------------------|---------------------------------------|
| Description of Premise(s): | Building Square footage: _____ |
| | |
| | |

LIST OF ALL TENANTS OF THE BUILDING AND PERCENTAGE OF OCCUPANCY

| | Occupant(s) | Percentage of Occupancy | | Occupant(s) | Percentage of Occupancy | | Occupant(s) | Percentage of Occupancy |
|----|-------------|-------------------------|-----|-------------|-------------------------|-----|-------------|-------------------------|
| 1. | | % | 6. | | % | 11. | | % |
| 2. | | % | 7. | | % | 12. | | % |
| 3. | | % | 8. | | % | 13. | | % |
| 4. | | % | 9. | | % | 14. | | % |
| 5. | | % | 10. | | % | 15. | | % |

GENERAL INFORMATION:

| | |
|--|--|
| 1. Does the applicant have a lease in place with all commercial tenants in the building? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does the lease require the tenant(s) to maintain and/or repair the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is there a procedure in place to remove snow & ice from walkways and paved surfaces in cold weather climates? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is building over 7 stories? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are tenants required to name applicant as an Additional Insured on their GL policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Does the lease agreement contain a Hold Harmless Agreement in favor of the applicant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Does the insured occupy any of the premises? If YES , what operations are taking place on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Do the operations of any of the tenants involve the following activities: | |
| A. Any storage or handling of environmental or medical waste material on premise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Nightclub? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Concert Hall? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Nursing Home or Assisted Living Facility or adult daycare? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Any operation involved in Marijuana Industry? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F. Residential Care Facility for Children/Adults/Disabled/Mentally Challenged? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. Transitional Living Housing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| H. Any Shelter Missions, Settlement, Half-way House? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I. Abortion Clinic? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| J. Gentleman's Club? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| K. Fraternity or Sorority? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| L. Markets - Open Air or Not? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|---|--|
| 9. Do any of the following operations involve any of the tenants: A. Bar/Tavern B. Check Cashing? C. Any 24 hour operation? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Is applicant responsible for building maintenance? If YES , does insured obtain COI's from contractors hired to do work on premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Is insured planning a major rehabilitation/renovation (structural renovation or exceeding 20% of the existing building value) of the premises? If YES , please provide details. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PROPERTY:

| | |
|--|--|
| 1. Does the lease agreement require that certain protective safeguard systems (i.e. ansul system, dust collection, spray booth) be maintained by tenant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do the operations of any of the tenants involve the following activities A. Cooking? If YES , does the tenant have an automatic extinguishing system? Check type of system: <input type="checkbox"/> Wet System <input type="checkbox"/> Dry System | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Spray Painting? If YES , does the tenant have a UL approved spray booth? Is there a separate paint room? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Wood working? If YES , is there a dust collection system? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Welding? If YES , are tanks chained to the wall or post when not in use? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Any pyrotechnics used? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Remarks: | |
| | |

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____

Title: _____

Agency: _____

Producer Code: _____ Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance.**

