

Property (Failure to fully complete this form may delay our quote response time)

1. Property Name: _____
2. Property Description: _____
3. Describe any non office exposures (ie: retail or warehousing type occupancies) _____

4. Total # of office suites ____ # of occupied suites ____ # of vacant suites ____ Avg. Monthly Rents _____

Construction

7. # of stories ____ Construction Type: Frame ____ Joisted Masonry ____ Fire Resistive ____ MNC ____ NC ____ Other ____
8. Is there any EIFS, Dryvit or similar exterior construction present? _____ If yes call underwriter prior to submit
9. **Roof Covering Information (Must be completed to secure quote)**

Single Ply Membrane ____ Built-up ____ Shingles (55mph rated) ____ Shingles/Composition (110 mph rated) ____
Concrete Tiles / Clay Tiles ____ Wood Shingles ____ Metal ____ Other ____
Age of roof: (last replacement or update) _____

Roof Geometry: (Please attach ground level color digital photos of roof showing front, side & back)

Hip ____ Gable ____ Flat with Mansard ____ Monoslope ____ Flat ____

If roof is flat, is there any equipment attached? (describe) _____

Is the equipment securely anchored to the roof? Yes ____ NO ____ Roof Anchors Yes ____ NO ____

Are the building/s windows and or doors made of IMPACT GLASS? Yes ____ NO ____

Renovations / Updates

10. Are any renovations currently being performed to the exterior or interior of the building(s)? _____
11. Year of updates: Plumbing ____ Electrical ____ HVAC ____ Water heaters ____ Gas or electric? ____
12. Gut Renovations: Year ____ Details _____

Fire Protection

13. Sprinklered? None ____ Fully ____ Partial (If partial, describe areas protected) _____
14. Any Welding Exposure? Yes ____ No ____ If Yes ,call your underwriter prior to submit.
15. Smoke detectors? Yes ____ No ____ If Yes: Hardwired ____ Battery ____ Aluminum Wiring? if yes do not submit.
If battery, are measures taken to maintain and keep operational? _____ If yes, by whom? _____
16. Fire Extinguishers on each floor? Yes ____ No ____ In each unit? Yes ____ No ____

Additional Information required

17. List any mold, hidden decay or collapse losses paid or reported:
18. Have there been any claims in excess of \$5,000 while under construction on the Builder's Risk Policy? _____
If yes, please provide details _____

Agent Signature _____ Date _____

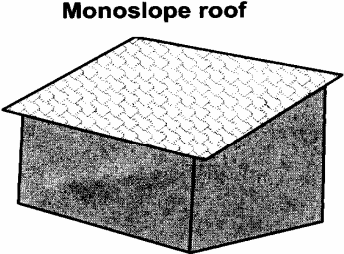
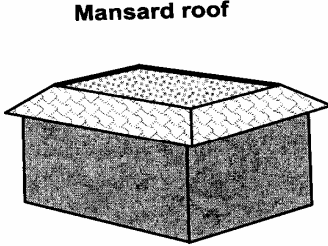
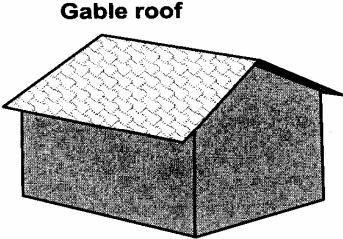
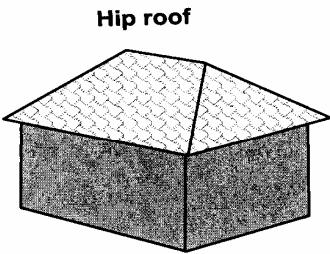
SIGN HERE

19. ATTACH A COPY OF RENT ROLL OR TENANT OCCUPANCY

20. ATTACH A PLOT PLAN OR DIAGRAM OF THE PREMISES SHOWING THE DISTANCES BETWEEN BUILDINGS

21 . ATTACH A STATEMENT OF VALUES - (HSR spreadsheet preferred)

TYPICAL ROOF DESIGNS





APPLICATION SUPPLEMENT – RESTAURANT

Applicant: _____

Street Number at location _____

1. Number of years in restaurant management at this location _____
2. Prior year experience in the restaurant management industry (Where and Dates) _____
3. Does owner operate and manage this restaurant? Yes__ No__
If no, is a management team or director employed to operate this risk? _____
4. Is insured presently in Chapter 11 bankruptcy or contemplating filing? Yes__ No__
5. Any pyrotechnics used in or on the insured's premise Yes__ No__ If yes, do not submit.
6. Is there a game room? Yes__ No__ If yes do not submit. If yes, do not submit.
7. If this is a new building, is construction complete? Yes__ No__
If you answer yes and our inspection indicates the risk is not operational we will VOID coverage back to inception date.
8. Is this risk open for business at this time? Yes__ No__
9. Is business seasonal? Yes__ No__ If yes, period of closing _____
10. Is trash removed from inside premises nightly? Yes__ No__
11. Does an automatic fire suppression system protect all cooking surfaces including **BBQ Pits** and **BBQ SMOKERS** ? Yes__ No__
If no, please explain _____
12. Is the automatic fire suppression system under a maintenance contract? Yes__ No__
If no, do not submit.
13. Does insured have cleaning contract with outside professional cleaning contractor for periodic cleaning of all hoods, ducts, vents, fan motors, etc.? Yes__ No__ If no, do not submit.
Cleaning schedule: Bi-monthly__ Monthly__ Semi Annual__

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 (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT; in DC, LA, ME, TN, and VA, insurance benefits may also be denied.)

Insured's Signature and Title: _____ DATE: _____

Agent's Signature and Date: _____ DATE: _____