

	<b>James River Insurance Company</b> 6641 West Broad Street, Suite 300 Richmond, VA 23230 804-289-2700	<b>Lessor's Risk Supplemental Application</b>
		<b>GENERAL CASUALTY Division</b> Email to <a href="mailto:GC@jamesriverins.com">GC@jamesriverins.com</a> or, Fax to 804-287-2814

**APPLICANT'S INSTRUCTIONS:**

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

**LESSOR'S RISK SUPPLEMENTAL APPLICATION**

Applicant's Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Proposed Policy Period: From \_\_\_\_\_ to \_\_\_\_\_

Type of ownership:  Corporation  Individual  Partnership  Other

Area of risk:  Metro City  Suburb  Rural

**GENERAL INFORMATION (Please complete one application for each LRO location)**

Type of Occupancy:  Office  Warehouse  Industrial  
 Shopping Center  Other

If other, please describe the nature of occupancy below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total sq. footage: \_\_\_\_\_ Number of buildings: \_\_\_\_\_ Number of stories: \_\_\_\_\_

Elevators?:  Yes  No

If yes, is there an elevator maintenance agreement in place with a licensed contractor?:

Yes  No

Escalators?:  Yes  No

If yes, is there an escalator maintenance agreement in place with a licensed contractor?:

Yes  No

Fully sprinklered?:  Yes  No If no, what percentage is sprinklered?: \_\_\_\_\_%

Parking?:  Yes  No Square footage of parking: \_\_\_\_\_

Garage or open lot?: \_\_\_\_\_ Private (for tenants only)  or Public

Year Built: \_\_\_\_\_ Years you have owned this location: \_\_\_\_\_

Building update years: Roof \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ HVAC \_\_\_\_\_

What percent of the building(s) is occupied? \_\_\_\_\_%

List all occupants or attach a tenant list:

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Are all occupants required to carry insurance with limits of \$1,000,000 or more and name you as an Additional Insured?:  Yes  No

If yes, please explain: \_\_\_\_\_

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### MAINTENANCE

Management on site?:  Yes  No

Maintenance on site?:  Yes  No

Is any work subcontracted?:  Yes  No

If yes, what type of work?:

If subcontractors are hired to perform any work on the premises, including snow removal, are they required to provide COIs with limits of at least \$1,000,000 and name you as an Additional Insured?:  Yes  No

Any construction or renovations planned during the policy year?:  Yes  No

If yes, please explain: \_\_\_\_\_

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### FIRE SAFETY

Type of wiring: \_\_\_\_\_ If Aluminum, is it pigtailed or CO/ALR?:

Heat/Smoke alarms?:  Yes  No

Battery, hardwired, or both? \_\_\_\_\_

Central Station heat/smoke detection?:  Yes  No

Emergency lighting in all common areas (including stairwells)?:  Yes  No

### SECURITY

Is security present at your location?:  Yes  No

If yes, are security personnel:

Employed?:  Yes  No

Off-duty police officers?:  Yes  No

Subcontracted?:  Yes  No

If security is subcontracted, are the subcontractors required to provide COIs with limits of at least \$1,000,000 and name you as an Additional Insured?  Yes  No

Armed security?  Yes  No

Days of week you have security on duty at your location: \_\_\_\_\_ Hours on duty: \_\_\_\_\_

Are background investigations conducted on all employees who perform security duties?  
 Yes  No

**CONTRACTUAL LIABILITY**

Do you enter into any contracts or agreements whereby you assume the liability of others?:  
 Yes  No

If yes, please explain the nature of such contracts and agreements below:

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**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**In New York: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

**In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.**

**WARRANTY:** I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Signature:

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Applicant's Name (print):

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