

	Novatae Risk Group 629 West College Street Grapevine, TX 76051 www.novatae.com	Lessor's Risk Supplemental Application
		GENERAL CASUALTY Division Email to GC@jamesriverins.com or, Fax to 804-287-2814
APPLICANT'S INSTRUCTIONS: <ol style="list-style-type: none"> 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 Effective Date: From: _____ to _____

Type of ownership: Corporation Individual Partnership Other

Area of risk: Metro City Suburb Rural

GENERAL INFORMATION (Complete for each building)

Type of Occupancy: Office Warehouse Industrial Shopping Center Other _____

Describe operations:

Total sq. footage: _____ Number of buildings: _____ Elevators?: Yes No

Number of stories: _____ Sprinklered?: Yes No

If over 10 stories, what percentage is sprinklered?: _____

Parking?: Yes No Square footage of parking: _____

Year Built: _____

Years owned by Insured: _____

Updates: Roof Electrical Plumbing

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

List all occupants or attach a tenant list:

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

Maintenance

Management on site? Yes No

Maintenance on site? Yes No

Is any work subcontracted? If "Yes", what type of work?

If subcontractors are required to perform any work on the premises, including snow removal, are they required to provide COI's 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. _____

Fire Safety

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

Smoke alarms? Yes No Battery, hardwired, or both? _____

Central Station fire alarm? Yes No

Emergency lighting? Yes No

Security

Security? Yes No Employed? Yes No Subcontracted? Yes No

If subcontracted, are you named as an Additional Insured? Yes No

Armed? Yes No Days of week? _____ Hours on duty? _____

INCLUDE MAXIMUM NUMBER OF EMPLOYEES AND CONTRACT LABOR

	EMPLOYEES		OFF-DUTY POLICE		OTHER INDEPENDENT CONTRACTORS	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-Time						
Part-Time						

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

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, 7130 Glen Forest Drive, Richmond, VA 23226.

Applicant's Signature:

Applicant's Name (print):

Date (MM/DD/YY):
