

COMMERCIAL APPLICATION (LESSORS RISK)

To OBTAIN A QUOTATION OR COVERAGE ALL QUESTIONS MUST BE ANSWERED

1. NAME OF APPLICANT: _____ SSN: _____
MAILING ADDRESS: _____
2. INSPECTION CONTACT: _____ PHONE: _____
3. LOCATION OF RISK: _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____ COUNTY _____
4. BUILDING OWNER: _____
FULL NAME _____ STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____ COUNTY _____
5. INTEREST IN PREMISES: OWNER OCCUPIED OWNER NON-OCCUPIED TENANT
6. EXPIRING CARRIER: _____ EXP DATE: _____ PREMIUM: _____
7. NUMBER OF YEARS IN BUILDING MANAGEMENT/OWNERSHIP: _____
IF LESS THAN 3 YEARS AT THIS LOCATION, LIST PREVIOUS EXPERIENCE: _____
8. IS THE BUILDING FULLY OCCUPIED: YES NO IF "NO", HOW MANY ARE VACANT? _____
9. IS APPLICANT, OWNER OR CORPORATION NOW OR EVER INVOLVED IN: NONE
 BANKRUPTCIES FORECLOSURES TAX LIENS BUSINESS FAILURE ANY LITIGATIONS
IF YES, PLEASE EXPLAIN: _____
10. BUILDING SECTION: _____ PROTECTION CLASS: _____
YEAR OF BUILDING: _____ CONSTRUCTION: _____ NO. OF STORIES: _____
YEAR OF: _____ WIRING: _____ PLUMBING: _____ HEATING: _____ ROOFING: _____
ADJACENT/ABUTTING EXPOSURES:
NORTH: _____ SOUTH: _____ EAST: _____ WEST: _____
SMOKE DETECTORS? YES NO IF YES { ELECTRIC BATTERY POWERED
FIRE ALARM? YES NO IF YES { TYPE: _____
BURGLAR ALARM? YES NO IF YES { TYPE: _____
SPRINKLER SYSTEM? YES NO IF YES { AGE: TYPE: _____
CARBON MONOXIDE
DETECTORS? YES NO IF YES { AGE: TYPE: _____

ADVANCED E&S INSURANCE UNDERWRITERS

3250 North 29th Avenue Hollywood, FL 33020 Phone: (954) 963-6666 Fax: (954) 986-0670
Website: <http://www.advancedesgroup.com>

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11. SUPPLEMENTAL INFORMATION:

- ANY POLICY AND/OR COVERAGE DECLINED OR CANCELLED IN THE PAST 3 YRS? YES NO
- DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? YES NO
- WITHIN THE LAST TWELVE (12) MONTHS, HAVE YOU BEEN CITED WITH ANY FIRE AND/OR BUILDING CODE VIOLATIONS? YES NO
- COPPER WIRING AND CIRCUIT BREAKERS THROUGHOUT BUILDING? YES NO
- COPPER PLUMBING THROUGHOUT? YES NO
- ANY WOOD SHAKE ROOFING OR MANSARD? YES NO
- ANY MARINAS, MARINA OPERATIONS OR BOAT SLIPS? YES NO
- ANY SENIOR HOUSING OR ASSISTED LIVING? YES NO
- ANY STUDENT HOUSING? YES NO
- ANY HUD OR SECTION 8? YES NO
- ANY ASSISTED RENTAL HOUSING? YES NO
- ANY PRIOR CONSTRUCTION DEFECTS OR MOLD EVIDENCE UNCOVERED? YES NO
- ANY CHILD CARE OPERATIONS? YES NO
- ANY COMMERCIAL COOKING AND/OR COMMUNITY EATING AREAS? YES NO
- ANY ON-SITE MEDICAL STAFF AND/OR NURSE OR NURSES AIDE? YES NO
- ANY ON-SITE STORAGE OF CHEMICALS OR HAZARDOUS MATERIALS BY A TENANT? YES NO
- HVAC SYSTEM UNDER MAINTENANCE CONTRACT? YES NO
- ACT AS PROPERTY MANAGER FOR ANY PROPERTIES NOT INCLUDED IN THIS SUBMISSION? YES NO
- IS YOUR PROPERTY REQUIRED TO CARRY FLOOD INSURANCE? YES NO
- ANY UNDERGROUND PARKING? IF YES, SQ FT: _____ YES NO
- IS THERE A SWIMMING POOL? YES NO
- DO YOU HAVE A SERVICE CONTRACT FOR FIRE PROTECTION EQUIPMENT? YES NO
- DO YOU REQUIRE YOUR TENANTS TO PROVIDE INSURANCE FOR THEIR RENTAL UNITS? YES NO
- DO YOU REQUIRE YOUR COMMERCIAL TENANTS TO PROVIDE INS. FOR THEIR UNITS? YES NO
- DO YOU RUN BACKGROUND CHECKS ON TENANTS PRIOR TO RENTING? YES NO
- DO YOU HAVE MORE THAN 15% OF THE UNITS AVAILABLE FOR RENTAL LESS THAN AN ANNUAL TERM? IF SO, WHAT % _____ YES NO

12. PROPERTY SECTION:

- BUILDING LIMIT: \$ _____ CO-INS % _____ ACV RC DED. \$ _____
- CONTENTS LIMIT: \$ _____ CO-INS % _____ ACV RC DED. \$ _____
- CAUSE OF LOSS: BASIC SPECIAL SPECIAL WITH THEFT
- BUSINESS INCOME: \$ _____ CO-INS % _____ OR MONTHLY LIMITATION _____
- BUSINESS INCOME WITH EXTRA EXPENSE YES NO *IF NOT ANSWERED, WILL BE RATED WITHOUT*
- GLASS BREAKAGE: YES NO LIMIT: \$ _____ DED. \$ _____
- BACK-UP OF SEWERS & DRAINS: YES NO LIMIT: \$ _____ DED. \$ _____

13. **GENERAL LIABILITY SECTION:**

LIABILITY OCCURRENCE LIMIT: \$ 300,000 \$ 500,000 \$ 1,000,000
AGGREGATE LIMIT: SAME AS OCCURRENCE DOUBLE OCCURRENCE

SQUARE FOOTAGE: TOTAL BUILDING: _____ NO. OF APT UNITS: _____

OCCUPANCY: PLEASE LIST ALL OCCUPANCIES & SQ FT: _____

ON/OFF PREMISE PARKING: YES NO IF YES { LIST ADDRESS AND SQUARE FOOTAGE: _____

ANY OTHER ON OR OFF PREMISE EXPOSURES NOT LISTED ABOVE: YES NO

IF YES { DESCRIBE: _____

14. **ADDITIONAL INTERESTS:**

MORTGAGEE AND ADDRESS 1ST _____

CHECK IF NONE 2ND _____

ADDITIONAL INSUREDS 1ST _____

CHECK IF NONE 2ND _____

3RD _____

15. **CLAIMS SECTION:**

LIST ALL CLAIMS FOR THE PAST FIVE (5) YEARS (MUST INCLUDE HARD COPY LOSS RUNS):

PROPERTY CLAIMS: _____

GENERAL LIABILITY CLAIMS: _____

I DELARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE OR SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO FINES AND/OR IMPRISONMENT. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

AS PART OF OUR UNDERWRITING PROCEDURES, A ROUTINE INQUIRY MAY BE MADE TO OBTAIN APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, AND CREDIT HISTORY. UPON YOUR REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PRODUCING AGENT

AGENCY NAME AND ADDRESS