LESSORS RISK COMMERCIAL PROPERTY

Building ownership, tenant occupancy, rental income, protection, and coverage information.

iPhone Files/Preview: tap a square and type X.

1. Applicant and Contact Information

Legal business / applicant name *

DBA / ownership entity

Primary contact *

Phone *

Email *

Mailing address

Requested effective date *

2. Building and Rental Property Profile

Property / premises address *

City / State / ZIP

Year built

Total square feet

Stories

Construction type

Applicant-occupied %

Tenant-occupied %

Vacant %

Year acquired / lease began

Describe the building occupancy, applicant operations, tenants, and hours of use:

Roof type / age

Electrical update year

Plumbing update year

HVAC update year

Heating type

Foundation / basement

3. Ownership, Management, and Tenant Schedule

Named owner / title holder

Property manager / contact

Annual gross rents

Monthly rents

Number of units

Average lease term

Tenant / unit	Operations	Square feet / %	Lease dates	Annual rent

Is any space vacant, unoccupied, under renovation, or expected to become vacant? ☐ Yes ☐ No

Are short-term, event, residential, or shared-space occupancies permitted? ☐ Yes ☐ No

Are tenants required to carry insurance and provide current certificates? ☐ Yes ☐ No

Describe tenant screening, prohibited operations, insurance requirements, maintenance allocation, and vacancy plans:

4. Coverage Requested

Building limit

Landlord BPP

Rental value / BI

Deductible

Mark coverages to quote:

- ☐ Replacement cost
- ☐ Agreed value
- ☐ Special causes of loss
- ☐ Equipment breakdown
- ☐ Ordinance or law
- ☐ Water backup
- ☐ Flood
- ☐ Wind / hail
- ☐ Earthquake
- ☐ Loss assessment
- ☐ Tenant move-back expense
- ☐ Umbrella / excess

Mortgagee, lender, management company, certificate holder, and other additional-interest requirements:

Protection, Maintenance, and Catastrophe Exposures

Mark every protection feature present:

- [ ] Central fire alarm
- [ ] Central burglar alarm
- [ ] Automatic sprinklers
- [ ] Smoke / heat detection
- [ ] Security cameras
- [ ] Access control
- [ ] Water-leak detection
- [ ] Backup generator

Fire department type	Distance to station	Distance to hydrant	Sprinkler coverage %

Is there a current roof inspection and maintenance program?	Yes	No
Are electrical, plumbing, HVAC, and life-safety systems professionally maintained?	Yes	No
Any aluminum wiring, knob-and-tube wiring, fuses, polybutylene piping, or galvanized plumbing?	Yes	No
Any prior or current water intrusion, mold, foundation movement, or structural damage?	Yes	No
Is the location in a special flood hazard area or otherwise exposed to surface water?	Yes	No
Is the location exposed to named storm, wind, hail, wildfire, earthquake, or sinkhole?	Yes	No
Any hazardous materials, cooking, flammable storage, or high-hazard neighboring occupancy?	Yes	No

Explain Yes answers, distances to catastrophe exposures, mitigation, inspections, and planned repairs:

Utilities and Site Controls

Mark applicable controls:

- [ ] Sump pump
- [ ] Backflow prevention
- [ ] Automatic water shutoff
- [ ] Storm shutters / impact glass
- [ ] Roof tie-downs
- [ ] Snow / ice plan

Describe utility shutoffs, drainage, generators, emergency contacts, and property-management procedures:

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Current and Prior Insurance

Is property insurance currently in force? ☐ Yes ☐ No

Current carrier	Policy number	Expiration	Annual premium

Current limits / valuation / deductibles

Reason for shopping / desired changes

Any lapse, cancellation, nonrenewal, restriction, or declination in the past five years? ☐ Yes ☐ No

Property losses - past five years

Date	Location	Cause / description	Paid / reserved	Status

Explain open claims, corrective action, known damage, or circumstances that may result in a claim:

Supporting Documents

Mark documents included:

☐ Current declarations ☐ Five-year loss runs ☐ Replacement-cost estimate ☐ Lease / lender requirements

☐ Building appraisal ☐ Photos / inspection ☐ Tenant or equipment schedule ☐ Other attachments

Applicant Certification and Signature

The applicant represents that the information provided is true, complete, and accurate to the best of the applicant's knowledge. This questionnaire does not bind coverage; all terms are subject to carrier underwriting and the issued policy language.

Signature / typed name *

Date *

MAD Insurance representative

Agent phone / email