

Building Supplemental Application

Named Insured:

Agent Name and Phone:

Effective Date:

Risk Control Contact Name:

Phone:

Account

1. Does the business have a website? Yes No Unknown

Please provide URL:

Percentage of sales from the internet or e-commerce:

- None less than 10% 10-25% 26-49% 50-74% 75% or more Unknown

2. The building is occupied by:

- Owner %
 Tenant %
 Unoccupied %
 Unknown

- (b) Are certificates of insurance collected naming the business as an additional insured? Yes No Unknown

- (c) Please list the tenant(s) name(s) and operation(s) below:

Tenant Name	Operation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Liability

3. Is there any security staff on the premises? Yes No Unknown

- (a) Are they: Employees Contractors Unknown

- (b) Are they: Armed Unarmed Unknown

4. Are independent contractors hired to perform maintenance, repair, or other construction work? Yes No Unknown

Please check all applicable:

- There is a standard written and signed contract between the business and the contractor. Unknown

- The contract requires the contractor to name the business as an additional insured for both operations and completed operations. Unknown

- The contractor must agree to indemnify and hold harmless the business. Unknown

- The contractor provides a certificate with proof that the contractor has Workers Compensation and General Liability insurance with limits at \$1million/\$1 million minimum. Unknown

5. Is there a parking garage? Yes No Unknown

- (a) Is the garage: Above Ground Below Ground Unknown

- (b) What type of security measures are in place?

- Closed Circuit TV Security Patrols Guard Alarms
 Police Patrols CardKey Unknown None

6. If the area is subject to snow and ice accumulation, is the occupant responsible for snow and ice removal? N/A Yes No Unknown
- (a) What are the snow and ice removal procedures?
 Contracted with local contractor Maintenance staff Nothing formal Unknown

Property

7. Is there an automatic Sprinkler system? Yes No Unknown
- (a) What percent of the building is sprinklered?
 90-100% 50-89% Less than 50% Unknown
- (b) If less than 90% of the building is sprinklered, what portion is sprinklered?
- (c) Age of sprinkler system:
 less than 10 years 10-25 years 26-49 years 50 or more years Unknown
- (d) Type of sprinkler system? Wet Dry Other Unknown
Please Describe:
- (e) Was sprinkler system designed for present occupancy? Yes No Unknown
- (f) Is a subcontractor responsible for sprinkler system inspection, testing and maintenance?
 Yes No, Self Maintained Unknown
Name of Sub-contractor:
- (g) How often is the sprinkler system maintenance and inspection performed?
 Monthly Quarterly Semi Annually Annually Unknown
- (h) Are sprinkler alarms installed? Yes No Unknown
Are they: Water Flow Valve Closure Unknown
8. Please check all types of protection at the premises:
 Local Alarm Burglar Alarm Heat Detection Fire Extinguisher(s)
 Central Station Alarm (constantly monitored) Full Perimeter Intrusion Alarm
 Motion Detection Smoke Detection Other Unknown
Please Describe:
9. Is there a Closed Circuit TV System? Yes No Unknown
(a) Is it monitored 24 hours/day? Yes No Unknown
10. Are there any flammables, aerosols, propane or other chemicals stored on the premises? Yes No Unknown
Please describe:
11. Are facilities building systems, equipment maintenance and overall facilities inspections performed? Yes No Unknown
- (a) When are they performed? Scheduled As Needed Breakdown Unknown
- (b) What areas are reviewed? How Often? Year of last improvement or upgrade?
- | | | |
|---|-----------|------|
| <input type="checkbox"/> Roof | Frequency | Year |
| <input type="checkbox"/> Electrical | Frequency | Year |
| <input type="checkbox"/> Plumbing | Frequency | Year |
| <input type="checkbox"/> HVAC | Frequency | Year |
| <input type="checkbox"/> Common Areas | Frequency | Year |
| <input type="checkbox"/> Emergency Lighting | Frequency | Year |
| <input type="checkbox"/> Exit Signs | Frequency | Year |
| <input type="checkbox"/> Unknown | | |