

Office Supplemental Application

Named Insured:

Agent Name and Phone:

Effective Date:

Risk Control Contact Name:

Phone Number:

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

Liability

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

(a) Are they: Employees Contractors Unknown

(b) Are they: Armed Unarmed Unknown

3. 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 \$1 million/\$1 million minimum. Unknown

4. 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 Alarms

Security Patrols Police Patrols

Guard CardKey

Unknown None

5. Is there an emergency evacuation plan? Yes No Unknown

(a) Are there at least 2 emergency exits in the building(s)? Yes No Unknown

(b) Are there at least 2 enclosed stairwells in the building(s)? Yes No Unknown

(c) Is there emergency lighting in the building(s)? Yes No Unknown

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 subcontractor:
- (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:
- | | |
|---|---|
| <input type="checkbox"/> Local Alarm | <input type="checkbox"/> Central Station Alarm (constantly monitored) |
| <input type="checkbox"/> Burglar Alarm | <input type="checkbox"/> Full Perimeter Intrusion Alarm |
| <input type="checkbox"/> Heat Detection | <input type="checkbox"/> Motion Detection |
| <input type="checkbox"/> Fire Extinguisher(s) | <input type="checkbox"/> Smoke Detection |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other |
- Please Describe:
9. What type of business continuance plan is in place?
 Formal Informal No plan is needed Unknown
10. Is there a Closed Circuit TV System? Yes No Unknown
(a) Is it monitored 24 hours/day? Yes No Unknown

Additional Comments: