



T.H.C. Lessor's Risk Application

General Information

Named Insured: _____

DBA: _____

Mailing Address: _____

City, State, Zip Code: _____

Website Address: _____

Contact Name: _____ Contact Phone: _____

Contact Cell: _____ Email Address: _____

Insured Type: Corporation Partnership LLC
 Individual Other: _____

Proposed Policy Term: _____ Effective: _____ Expiration: _____

Underwriting Information

Date business was established: _____

What is the proposed use of the property by the tenant?: _____

Do you verify that the tenant carries property and liability insurance? Yes No

History – All questions must be answered. Failure to disclose proper history could invalidate any and all coverages.

1. Has any application for similar insurance made on behalf of the applicant and/ or any owner, officer, director, employee, manager or managing member thereof of any predecessor, subsidiary, or affiliated organization thereof been declined, cancelled or non-renewed?
 Yes No
2. Has the applicant had any prior liability and/ or property claims in the past five (5) years?
 Yes No If Yes, please attach current loss runs including details.
3. Complete the following for any applicant or any principal, partner, owner, officer, director, manager or managing member of the applicant or any person(s) or organization(s) proposed for this insurance or any predecessor, subsidiary or affiliated organization:
 - a. Have any of the above been convicted of a felony in the last 10 years? Yes No
If Yes, please provide details: _____

General Liability

Limit : \$1,000,000 per occurrence/ \$1,000,000 aggregate
 \$1,000,000 per occurrence/ \$2,000,000 aggregate

- 1. Is the applicant or any of the applicant's employees or contracted workers armed with any type of weapon? Yes No
If Yes, are all permits and licensing requirements complied with? Yes No
- 2. Does the applicant utilize employed or contracted security guard(s)? Yes No
If Yes, please provide the following:
 - a. Number of Guards: _____
 - b. Does the applicant obtain Certificates of Insurance and is the applicant named as an Additional Insurance? Yes No

Building Information

Year Built: _____ Number of Stories: _____ Square Footage: _____
 Year of last update/ inspected: Roof: _____ Plumbing: _____
 HVAC: _____ Electrical: _____
 Construction Type: Frame Masonry Non-Combustible Fire Resistive

- Does the applicant have an active central alarm system? Yes No
- Are all windows and doors connected to an Active Central Station Alarm? Yes No
- Does the applicant have interior and exterior cameras? Yes No

Property Coverage and Endorsements

Optional Deductibles: \$1,000 \$2,500 \$5,000 \$10,000
 Valuation: RC ACV RFC
 Building Coverage: \$ _____ Co-Insurance: 80% 90% 100%
 Business Personal Property: \$ _____ Co-Insurance: 80% 90% 100%
 Improvements & Betterments: \$ _____
 Business Income: \$ _____ Co-Insurance: 25% 50% 100%

I warrant the above to be true and I understand the insurance contract will be considered based on my warranty:

Applicant Signature

Date

_____, an authorized representative of _____
understands and agrees this application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/ or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business and I agree to release to Conifer Insurance Company, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

THIS APPLICATION MUST BE SIGNED BY THE APPLICANT WITHIN 10 DAYS OF BINDING.

SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY.

Authorized Applicant Signature

Date Signed

Title