



Building

Supplemental Application

Named Insured: _____

Agent Name and Phone: _____ Effective Date: _____

1. Is there an automatic sprinkler system? Yes (if yes please answer questions (a)-(h)) No (if no please skip to question 2.)
 - (a) If yes, _____ % of the building is sprinklered?
 - (b) If less than 100% of the building is sprinklered, what portion is sprinklered? _____
 - (c) Age of sprinkler system: _____
 - (d) Type of sprinkler system Wet Dry Other (Describe) _____
 - (e) Was sprinkler installed for present occupancy? Unknown Yes No
 - (f) Name of company contracted to perform sprinkler system inspection, testing and maintenance. _____
 - (g) How often is the sprinkler system maintenance and inspection performed? Yes No
 - Monthly Quarterly Semi Annually Annually
 - (h) Are sprinkler alarms installed? Yes No
 - If yes Water Flow Valve Closure

2. What types of alarms protect the premises?

<input type="checkbox"/> Local <input type="checkbox"/> Central Station (constantly monitored) <input type="checkbox"/> Burglar	<input type="checkbox"/> Smoke Detection <input type="checkbox"/> Heat Detection <input type="checkbox"/> Motion Detection <input type="checkbox"/> Other (Describe) _____
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3. Is there a Closed Circuit TV System? Yes No
 If yes, is it monitored 24 hours/day? Yes No

4. Is there any security staff on the premises? Yes No
 Are they: Armed Unarmed

5. Do you have a parking garage? If yes, Yes No
 - (a) Is the garage Above Ground or Below Ground
 - (b) What type of security measures are in place?

<input type="checkbox"/> Closed Circuit TV <input type="checkbox"/> Security Patrols	<input type="checkbox"/> Alarms <input type="checkbox"/> Police Patrols <input type="checkbox"/> None
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6. Are there any flammables, aerosols or other chemicals stored or processed on the premises? Yes No
 If yes, please describe: _____

7. Are facilities building systems, equipment maintenance and overall facilities inspections performed? Yes No
 - (a) If yes, how? Scheduled As Needed Breakdown
 - (b) What areas are reviewed, and what is the 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	
<input type="checkbox"/> Emergency Lighting	_____ Frequency	
<input type="checkbox"/> Exit Signs	_____ Frequency	

8. The building is occupied by: Owner _____% Tenant _____%
 Unoccupied _____%
- (a) If tenants, do you collect certificates of insurance naming you as an additional insured? Yes No
- (b) If tenants, please list the business name and operation below:
- | | |
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9. If the area is subject to snow and ice accumulation, is the tenant responsible for snow and ice removal? N/A Yes No
- (a) If no, what are your snow and ice removal procedures:
 Contracted with Local Contractor Maintenance Staff Nothing Formal
10. Does insured ever hire an independent contractor to perform maintenance, repair, or other construction work? Yes No
- (a) If yes, is there a standard written and signed contract between the business owner and contractor? Yes No
- (b) Does contract require the contractor to name the business owner as an additional insured for both operations and completed operations? Yes No
- (c) Does the contractor agree to indemnify and hold harmless the business owner? Yes No
- (d) Has the contractor provided a certificate with proof that the contractor has Workers Compensation and General Liability insurance with limits at \$1 million/\$1 million minimum? Yes No
11. Do you have a website? Yes No
 If yes, please provide URL: _____