



Commercial Property Supplemental Questionnaire

Name of Applicant: _____ Effective Date: _____

I. OCCUPANCY

No. of total units: _____ No. of owner occupied units: _____ No. of vacant units: _____

No. of rented units: _____ No. of bank owned units: _____ No. of association owned units: _____

No. of non-owner occupied units that are rented out more than 6 times over the course of a year: _____

Is any building *less than* 31% occupied? Yes No

Does any building contain subsidized housing? Yes No

Does any building contain mercantile or office occupancies (other than office for rental/management purposes)? Yes No

If yes, please explain: _____

What is the primary business of the occupants? _____

Is any building or property for sale? If yes, please explain: _____ Yes No

II. MANAGEMENT / OPERATIONS

Is there any prior, existing, pending, or planned litigation with regard to the insured? Yes No

Has any policy or coverage been declined, cancelled or non-renewed during the prior 3 years? Yes No

Is the applicant a condominium association created pursuant to Florida Statutes – Chapter 718? N/A Yes No

Do association bylaws require the master policy to insure unit interiors? N/A Yes No

Do association bylaws require the master policy to insure unit improvements & betterments? N/A Yes No

Has the applicant ever assigned benefits of their policy to a third party? Yes No

III. SAFETY/SECURITY

Is the property equipped with hardwired or battery powered smoke detectors (and maintained in working order)? Yes No

Are all buildings equipped with current tagged fire extinguishers which are properly mounted? Yes No

Are there any current or recent cited violations of fire or life safety codes? Yes No

If yes, please explain: _____

IV. BUILDING

Do any buildings have any existing damage from cracking, water, construction defects or prior losses? Yes No

If yes, please explain: _____

Has applicant(s) ever reported any potential sinkhole, settlement, or cracking damage or loss to any building or other property or have any know ledge that any prior owner of any building reported any such damage or loss? Yes No

V. LOCATION

Is the property located in Flood zones A or V? If yes, please attach Flood Declarations Page at binding. Yes No



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VI. CONSTRUCTION

Is there any aluminum wiring in the buildings? Yes No

Is any building under construction, renovation, repair or conversion? Yes No

Does any building, exterior component, fixture or feature include exterior insulation and finish system (EIFS) or Dryvit construction? If yes, please explain: _____ Yes No

Do any buildings have wallboard imported or suspected of being imported from China? (this includes drywall and plasterboard and is commonly referred to as "Chinese drywall") Yes No

Are there any known or suspected construction defects to the property? Yes No

APPLICANT'S SIGNATURE

I hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I hereby represent that I have read and answered all questions on the application and that all information is accurate and complete. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

X _____
Applicant's Signature Date

The following applies to applicants in FL, TX & SC: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement or claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

The following applies to applicants in LA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

AGENT'S SIGNATURE

The undersigned hereby declares that to the best of my knowledge, all information contained herein is correct; that this form was completed with the applicant and signed by the applicant. I also certify that all questions on the application have been asked to and answered by the application. No coverage was bound by me until all questions were answered by the applicant and the application was signed by the applicant.

X _____
Agent's Signature Date