

Member companies of Western World Insurance Group

- Western World Insurance Company  
 Tudor Insurance Company  
 Stratford Insurance Company

## Commercial Lessor's Risk Only Supplemental Application (Complete in addition to ACORD)

1. Name of Applicant: \_\_\_\_\_

2. Type of Occupancy? **(Check all that apply.)**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Offices                  | <input type="checkbox"/> Strip Mall                                       | <input type="checkbox"/> Indoor Shopping Mall         | <input type="checkbox"/> Outdoor Market |
| <input type="checkbox"/> Manufacturing/Industrial | <input type="checkbox"/> Bank   | <input type="checkbox"/> Medical Facility             | <input type="checkbox"/> Restaurant     |
| <input type="checkbox"/> Bar/Tavern/Night Club    | <input type="checkbox"/> Nursing Home/Group Home/Assisted Living Facility |   | <input type="checkbox"/> Hotel/Motel    |
| <input type="checkbox"/> Gas Station              | <input type="checkbox"/> Land   | <input type="checkbox"/> Mercantile – Single Occupant |   |
| <input type="checkbox"/> Other (describe): _____  |   |   |   |

**(Note: If warehouse, please complete Application A100.)**

3. List all names of tenants, or attach list:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. What is the area of all buildings to be covered per question 2. above? (square footage)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Does the property have a Parking Lot or Garage?  Yes  No

If yes, what is the area of the lot/garage? (square footage) \_\_\_\_\_

6. Who is responsible for the care and maintenance of the property? (Buildings, sidewalks, and parking lots)

**Check one:**  Insured (or insured's management company) or  Tenants

7. Insurance Requirements:

a) Are all tenants required to carry their own Commercial General Liability coverage?  Yes  No

If yes, what limits are required? \_\_\_\_\_

b) Are all tenants required to name the insured as Additional Insured on their CGL policies?  Yes  No

c) Does insured collect Certificates of Insurance on an annual basis from all tenants?  Yes  No

**Note: Submitting copies of these Certificates may qualify insured for premium credits.**

8. Do lease agreements contain Hold Harmless wording in insured's favor?  Yes  No

If yes, please submit a copy to company for potential premium credits.

9. Does insured have any ownership in any of the tenant's businesses?  Yes  No

If yes, please describe: \_\_\_\_\_

10. Are any security guards employed by insured?  Yes  No

If yes, are they armed?  Yes  No

11. Are there any Underground Storage Tanks on the property?  Yes  No

If yes, what do they contain? \_\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Producing Agent