CARRIER:

Lessor's Risk Only Product Application – All States

South Carolina: THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 120 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 120 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I – INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include DBA name): _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Location address: _____

City: _____ State: _____ Zip code: _____

Web address: _____ Email: _____ Phone: _____

Inspection contact name: _____ Email: _____ Phone: _____

Form of business: ❑ Individual ❑ Corporation ❑ Partnership ❑ LLC ❑ Trust ❑ Other _____

List all tenants names, operations and square footage for each:

Tenants	Operations	Square Footage

1. How many years has the applicant been at the current location? _____
2. Does the owner/property manager obtain certificates of insurance from all commercial tenants as evidence of general liability? ❑ Yes ❑ No
3. Do the applicant's written leases with all commercial tenant(s) include an indemnification clause to the benefit of the applicant? ❑ Yes ❑ No
4. Do written leases with the commercial tenant(s) contain the requirement that the tenant(s) add the applicant as additional insureds on the tenant(s) commercial general liability policy with liability limits no less than the per occurrence and aggregate limits stated on the applicants policy? ❑ Yes ❑ No
5. Does the applicant occupy part of the premises? ❑ Yes ❑ No
   If "Yes," please identify your operations _____
6. Is this an indoor shopping center? ❑ Yes ❑ No
7. What is the square footage of the parking lot? _____
8. Certificates of insurance required from all contractors and subcontractors naming applicant as an additional insured? ❑ Yes ❑ No

Property

Building Construction: ❑ Frame ❑ Joisted masonry ❑ Noncombustible ❑ Masonry noncombustible ❑ Modified fire resistive ❑ Fire resistive

Protection Class	Cause of Loss	Deductible	Number of Stories	Type of Burglar Alarm
_____	❑ Basic ❑ Special	❑ $1,000 ❑ $2,500 ❑ $5,000	_____	❑ Local ❑ Central Station ❑ None

What year was the building constructed? _____

What type of plumbing is in the building? ❑ PVC ❑ Copper ❑ Galvanized ❑ Lead ❑ Other: _____

What type of roof is on the building? ❑ Flat ❑ Wood shake ❑ Shingle ❑ Metal ❑ Tile ❑ Slate ❑ Other: _____

What is the age of the roof? _____ years

Is the building fully protected by an operational sprinkler system covering 100% of the premises? ❑ Yes ❑ No

What is the square footage of the entire structure? _____ sq. ft.					
Building Limit:	$ _____	**Coinsurance** (80% minimum)	_____ %	❑ ACV	❑ RC
Business Personal Property Limit:	$ _____	**Coinsurance** (80% minimum)	_____ %	❑ ACV	❑ RC
Business Income Limit:	$ _____	**Coinsurance**	or	**Monthly Limit of Indemnity**	
❑ With extra expense ❑ Without extra expense		❑ 50% ❑ 60% ❑ 70% ❑ 80% ❑ 90% ❑ 100%		❑ 1/3 ❑ 1/4 ❑ 1/6	

II. ADDITIONAL PROPERTY COVERAGES REQUESTED (check all that apply)

❑ Equipment Breakdown	❑ Electronic Data	❑ Interruption of Computer Operations
❑ Pool $ _____	❑ Garage $ _____	❑ Outdoor Sign $ _____
❑ Outdoor Equipment $ _____	❑ Canopy/Awning $ _____	

Liability Section

9. Limit: ❑ $100,000/$200,000 ❑ $300,000/$600,000 ❑ $500,000/$1 million ❑ $1 million/$2 million ❑ $1 million/$3 million
10. Number of apartment units: _____
11. List the square footage of any vacant area: _____ sq. ft.
12. Number of stories: _____
13. Number of years applicant has owned this building: _____

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				❑	❑	❑
				❑	❑	❑
				❑	❑	❑

III. LOSS INFORMATION

14. Have there been any property or liability losses in the last five years? ❑ Yes ❑ No

If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
❑ Property ❑ Liability			$	$	❑ Open ❑ Closed
❑ Property ❑ Liability			$	$	❑ Open ❑ Closed
❑ Property ❑ Liability			$	$	❑ Open ❑ Closed

IV. ELIGIBILITY CRITERIA

15. Is the applicant the owner of all properties? ❑ Yes ❑ No
16. Has insurance coverage been cancelled or nonrenewed in the last three years *(not applicable in MO)* ❑ Yes ❑ No
    If "Yes," advise reason: _____
17. Are all buildings over seven stories 100% sprinklered? ❑ N/A ❑ Yes ❑ No
18. Is any tenant of the building a marijuana prescriber or marijuana distributor or dispensary? ❑ Yes ❑ No
19. Functioning and operational smoke detectors in all units and/or occupancies? ❑ Yes ❑ No
20. Is any tenant a hospital, nursing home, assisted living facility, elder care facility or any health care facility with an overnight or residential exposure? ❑ Yes ❑ No

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: 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.

California: For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland Fraud Statement: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky and Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee, Virginia and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): 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 may be guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are fraudulent; material either to the acceptance of the risk or to the hazard assumed by the insurer; or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as “vicariously assessed punitive damages”, are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to “vicariously assessed punitive damages” and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent’s signature: _____ Main agency phone number: _____

(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not stop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's signature: _____ Title: _____

Date: _____

Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, **https://www.usli.com/privacy-policy/**.