



OFFICE BUILDINGS - SUPPLEMENT TO ACORD APPLICATIONS

ACCOUNT INFORMATION

Named Insured: _____

Address: _____

Property Manager: _____

RISK INFORMATION

Occupancy: Rental Condo Both

Total area/square footage: _____ Occupancy %: _____

Construction type: _____ # of stories: _____ Original year constructed: _____

Gut renovated: Yes No Year: _____

Total annual rental income: _____

Commercial/retail occupancy: Yes No If yes, total square feet: _____

Key tenants: _____

Do leases contain hold harmless/indemnification wording and require tenant to name owner as additional insured: Yes No

Any active or planned real estate development: Yes No

AMENITIES

Elevators: Yes No # elevators: _____ Maintenance program: Yes No

On premises security: Yes No If Yes: 24 hours 16 hours 12 hours Other: _____

Other security: TV monitors Intercom Buzzer Virtual doorman Motion

Alarms on all unattended entries: Yes No

Private garage: Yes No Area/square footage: _____

Operated by third party: Yes No

Valet parking: Yes No Operated by third party: Yes No

Does building have a school or daycare onsite: Yes No



- AMENITIES CONTINUED -

Food service: Yes No

Health club or exercise facility: Yes No

Dry cleaning on premises: Yes No

Mail or copy services on premises: Yes No

ADDITIONAL BUILDING INFORMATION

Plumbing type: _____ Year updated: _____

Plumbing insulated between walls and unheated areas: Yes No

Heating type: _____ Year updated: _____

Air conditioning type: _____ Year updated: _____

Electrical: Fuses Circuit breakers Both Year updated: _____

Are there any Federal Pacific electric Stab-Lok panels in the building: Yes No

Is aluminum wiring present: Yes No

Roof type: _____ Year updated: _____

Building sprinklered: Yes No If yes, % of building sprinklered : _____

Sprinkler type: Wet pipe Dry Both

Are regular fire drills conducted per local code requirements: Yes No

Stairwells enclosed: Yes No Standpipe in stairwells: Yes No

Emergency lighting in stairwells: Yes No No exterior fire escapes: Yes No

Annunciator panel: Yes No

Fire Alarms: Central station Local detection systems Hardwired Battery

Asbestos in building or garage: Yes No

Does the property management firm hire contractors: Yes No



- ADDITIONAL BUILDING INFORMATION CONTINUED -

If yes, does the insured or property manager collect Certificate of Insurance: Yes No

If yes, is the insured named as an additional insured: Yes No

Does the insured or property manager utilize a standardized work contract that includes a hold harmless agreement and indemnification agreement: Yes No

Are outdoor water supply lines (sprinkler lines, hose bibs, sinks, icemakers) winterized:
 Yes No

Does the property manager verify final C of O is received on all building/unit alterations:
 Yes No

Is formal written building evacuation plan in place for all occupants: Yes No

Has building been updated to comply with all city, state and federal requirements for equal access (ADA requirements): Yes No

Does the risk have formal guidelines for securing the building in the event of severe weather (e.g., hurricanes, flooding, significant snow or cold events, etc.): Yes No

Is there an emergency back-up power generator: Yes No

INSURING AGREEMENT – CONDO ONLY

Association Insuring Agreement: The Broker is responsible for determining the appropriate insuring agreement. Refer to the association by-laws, master deed and/or state statutes to determine the correct insuring agreement:

- Bare Walls: Buildings and structures only. No coverage for units.
- Single Unit: Building, structures and units on original specification basis.
- All-In: Building, structures and units on additional installation basis.



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NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW YORK APPLICANTS: "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."

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied). "The Applicant represents and warrants to the Company that the product being sought by the applicant under the application for insurance is not being obtained primarily for personal, family or household purposes."

X _____
Signature and Title of Authorized Representative

Date: _____