



TPCI Supplemental - Lessor's Risk and Self-Storage

Insured Name:		Years of industry experience:	Full time employees:
			Part time employees:
Security/Surveillance at Premises (check all that apply):			<i>For contracted security services:</i> Does the security company name the applicant as additional insured in their GL and Security Guard E&O policy?
<input type="checkbox"/> Video Surveillance	Security Service: Employees	<input type="checkbox"/> Contractors	<input type="checkbox"/> Yes
<input type="checkbox"/> No Security or Surveillance	Armed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No
	Unarmed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A

Check here if there is no self-storage exposure (if checked, this section may be skipped)

What is the revenue from outside storage of vehicles and boats? \$	What is the revenue from the sales, removal or disposal of customer's property? \$
Is there storage of industrial materials, chemicals, pollutants, or waste?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Liability Information

Check here if there is no vacant land (if checked, this section may be skipped)

# of Acres:	Is any land being used as hunting preserves or dude ranches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain any plans for development of vacant land in the next two years:			

Does any tenant operate a residential care facility?	<input type="checkbox"/> Yes	Does any tenant operate facility that has high property or liability hazards such as theatres, hospitals, sporting venues, etc.?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No		<input type="checkbox"/> No

Property Information

Check here if there is no cooking exposure (if checked, this section may be skipped)

Is the kitchen equipped with an automatic extinguishing system covering all cooking and ventilation equipment?	<input type="checkbox"/> Yes	Is the automatic extinguishing system UL-300/NFPA compliant?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No		<input type="checkbox"/> No
How often is extinguishing system including flue/duct cleaned/maintained by a third party?	<input type="checkbox"/> More frequently than monthly	<input type="checkbox"/> Every two months	<input type="checkbox"/> Annually
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Less frequently than annually
		<input type="checkbox"/> Semi-Annually	
Is there a manual release for the ANSUL system in the path of exit from the cooking area and fire extinguishers compatible with the extinguishing agent of the hood and duct system?	<input type="checkbox"/> Yes	For deep fat fryers, are there automatic thermostat controlled fuel shut off mechanism?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No		<input type="checkbox"/> No
	<input type="checkbox"/> N/A		<input type="checkbox"/> N/A
How often are the hood and filter cleaned?	<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	
	<input type="checkbox"/> Weekly	<input type="checkbox"/> Quarterly or less frequently	

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO BEST OF HIS/HER KNOWLEDGE. FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING 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.

Producer's Signature:		Producer's Name (Please Print):	
Applicant's Signature:	Date:	National Producer Number:	
Applicant's Name (Please Print):			