

TPCI Supplemental - Lessor's Risk

Insured Name	Years of industry experience	Full time employees
		Part time employees
Security/Surveillance at Premises (check all that apply) <input type="checkbox"/> Video Surveillance <input type="checkbox"/> Security Service <input type="checkbox"/> Employees <input type="checkbox"/> Contractors <input type="checkbox"/> No Security or Surveillance <input type="checkbox"/> Armed <input type="checkbox"/> <input type="checkbox"/> Unarmed <input type="checkbox"/>		For contracted security services: Does the security company name the applicant as additional insured in their GL and Security Guard E&O policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> 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 <input type="checkbox"/> No	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
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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 <input type="checkbox"/> No	Is the automatic extinguishing system UL-300/NFPA compliant?	<input type="checkbox"/> Yes <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"/> Monthly	<input type="checkbox"/> Every two months <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually <input type="checkbox"/> Less frequently than 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 <input type="checkbox"/> No <input type="checkbox"/> N/A	For deep fat fryers, are there automatic thermostat controlled fuel shut off mechanism?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How often are the hood and filter cleaned?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly or less frequently	

THE UNDERSIGNED IN AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWER TO QUESTION ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO BEST OF HIS/HER KNOWLEDGE.

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