

Retail Shopping Center Supplemental Application



Account Name: _____ Location Address: _____
 Policy Number: _____ Agency: _____

Prior to quoting, this application must accompany the Acord application and photos. Please complete all sections, marking N/A if not applicable.

1. Property

Yes No

a) Is Retail Shopping Center 100% sprinklered property?
 If 'no,' what % is sprinklered?

b) What is the original year built? Year: _____
 If older than 25 years, please answer the following questions:

- Last electrical update? Year: _____
- Last roofing update?..... Year: _____
- Last heating/cooling update? Year: _____

c) Are there any occupancies with grease cooking?
 • If so, list name and occupancy type:

Name and Occupancy: _____
 Space Sprinklered?.....
 Is wet chemical fire suppression system in place?

Name and Occupancy: _____
 Space Sprinklered?.....
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 Space Sprinklered?.....
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(Please list additional occupancies with cooking on back of this form)

d) Vacancy percentage:

2. Liability

Yes No

- a) Is parking lot in good condition?
- b) Is there adequate lighting in parking lot?.....
- c) Does property manager have proof of insurance on file for all tenants?.....
- d) Are "You" named as Additional Insured-Manager or Lessor of Premises on Tenants Liability Policy? ..
- e) Does property manager provide or hire security services?
 If they hire a 3rd party is a "hold harmless" agreement in place?
- f) Per the lease requirements who is responsible for maintaining parking lot? _____

(Please list all occupants on Acord application)

Agent Completing Application: _____ Date: _____