

Commercial Property Supplemental

Property

1. Property Name: _____
2. Property Description: _____

Construction

3. # of stories:___ # of Units:___ **Construction:** ()Frame ()JM ()Fire Res. ()MNC ()NC ()Other:_____
**If frame constuction please check if applicable. ()Brick Veneer () Stucco () Hardiplank () Other_____*

4. Is there any EIFS, Dryvit or similar exterior construction present? ()Yes ()No

- 4a. EIFS type systems are prohibited. (EIFS used for decorative or ornamental purposes, call your underwriter prior to submitting)

5. **Roof Information (Must be completed to secure quote)**

()Single Ply Membrane ()Built-up ()Shingles - (55 MPH Rated) ()Shingles - (110 MPH Rated)

()Concrete Tile ()Clay Tiles ()Wood Shingles ()Metal ()Other:_____

Age of roof: (last full replacement date)_____ Are there roof anchor or hurricane straps? Yes ___ No ___

Roof Geometry: (See description of roof types on page 2)

()Hip ()Gable ()Flat with Mansard ()Monoslope ()Flat ()Mono-Slope ()Other

6. If roof is flat is there any equipment attached? (describe) _____
7. Is equipment securely anchored to the roof? Yes___ No___ Are there hurricane shutters/panels? Yes___ No___
8. Are the building(s) windows and or doors made of IMPACT GLASS? Yes___ No___

Renovations / Updates

9. Are any renovations currently being performed to the exterior or interior of the building(s)? _____
10. Year of updates: Plumbing ___ Electrical___ HVAC___ Water heaters___ Gas or electric?_____
11. Gut Renovations: Year _____ Details_____

Fire Protection

12. Sprinklered? None___ Fully___ If partial, describe areas protected:_____
13. Smoke detectors? Yes___ No___ If Yes: Hardwired___ Battery ___
If battery, are measures taken to maintain and keep operational?_____ If yes, by whom?_____
14. Fire Extinguishers on each floor? Yes___ No___ In each unit? Yes___ No___

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15. List any mold, hidden decay or collapse losses paid or reported:

16. ATTACH A COPY OF RENT ROLL OR TENANT OCCUPANCY

17. ATTACH A PLOT PLAN OR DIAGRAM OF THE PREMISES SHOWING THE DISTANCES BETWEEN BUILDINGS

18. ATTACH A STATEMENT OF VALUES

Gable Roof

Hip Roof

Slope Roof

Flat Roof

Dutch Hip Roof



Description of operations

Is the property in any type of bankruptcy, receivership or in foreclosure? (___)YES (___)NO

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ANSWER ALL QUESTIONS - IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

This information does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING

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

APPLICANTS SIGNATURE: _____ DATE: _____

Name and phone number if individual to contact for inspection _____