



Conifer  
Insurance  
Company

**T.H.C. Lessor's Risk  
Application**

**General Information**

Named Insured: \_\_\_\_\_

DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Website Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Insured Type:     Corporation             Partnership             LLC  
                           Individual                     Other: \_\_\_\_\_

Proposed Policy Term:            Effective: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Underwriting Information**

Date business was established: \_\_\_\_\_

What is the proposed use of the property by the tenant?: \_\_\_\_\_

Do you verify that the tenant carries property and liability insurance?     Yes             No

History – All questions must be answered. Failure to disclose proper history could invalidate any and all coverages.

1. Has any application for similar insurance made on behalf of the applicant and/ or any owner, officer, director, employee, manager or managing member thereof of any predecessor, subsidiary, or affiliated organization thereof been declined, cancelled or non-renewed?  
 Yes     No
  
2. Has the applicant had any prior liability and/ or property claims in the past five (5) years?  
 Yes     No      If Yes, please attach current loss runs including details.
  
3. Complete the following for any applicant or any principal, partner, owner, officer, director, manager or managing member of the applicant or any person(s) or organization(s) proposed for this insurance or any predecessor, subsidiary or affiliated organization:
  - a. Have any of the above been convicted of a felony in the last 10 years?     Yes             No  
 If Yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**General Liability**

Limit :  \$1,000,000 per occurrence/ \$1,000,000 aggregate  
 \$1,000,000 per occurrence/ \$2,000,000 aggregate

- 1. Is the applicant or any of the applicant's employees or contracted workers armed with any type of weapon?  Yes  No  
If Yes, are all permits and licensing requirements complied with?  Yes  No
- 2. Does the applicant utilize employed or contracted security guard(s)?  Yes  No  
If Yes, please provide the following:
  - a. Number of Guards: \_\_\_\_\_
  - b. Does the applicant obtain Certificates of Insurance and is the applicant named as an Additional Insurance?  Yes  No

**Building Information**

Year Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Square Footage: \_\_\_\_\_  
 Year of last update/ inspected: Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
 HVAC: \_\_\_\_\_ Electrical: \_\_\_\_\_  
 Construction Type:  Frame  Masonry  Non-Combustible  Fire Resistive

- Does the applicant have an active central alarm system?  Yes  No
- Are all windows and doors connected to an Active Central Station Alarm?  Yes  No
- Does the applicant have interior and exterior cameras?  Yes  No

**Property Coverage and Endorsements**

Optional Deductibles:  \$1,000  \$2,500  \$5,000  \$10,000  
 Valuation:  RC  ACV  RFC  
 Building Coverage: \$ \_\_\_\_\_ Co-Insurance:  80%  90%  100%  
 Business Personal Property: \$ \_\_\_\_\_ Co-Insurance:  80%  90%  100%  
 Improvements & Betterments: \$ \_\_\_\_\_  
 Business Income: \$ \_\_\_\_\_ Co-Insurance:  25%  50%  100%

I warrant the above to be true and I understand the insurance contract will be considered based on my warranty:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

