

T.H.C. Lessor's Risk Application

General IIIIo	IIIIatioii	
Named Insur	red:	
DBA:		
Mailing Addr	ress:	
City, State, Z	ip Code:	
Website Add	lress:	
Contact Nam	ne:	Contact Phone:
Contact Cell:		Email Address:
Insured Type		tnership LLC
	Individual Oth	er:
Proposed Po	licy Term: Effective:	Expiration:
	g Information	
	ss was established:	tanant?.
·	proposed use of the property by the	
Do you verify	y that the tenant carries property and	d liability insurance? Yes No
History – All coverages.	questions must be answered. Failure	e to disclose proper history could invalidate any and all
offic	er, director, employee, manager or r idiary, or affiliated organization ther	made on behalf of the applicant and/or any owner, managing member thereof of any predecessor, eof been declined, cancelled or non-renewed?
_	· · · <u> </u>	nd/ or property claims in the past five (5) years? ach current loss runs including details.
man this i		<u> </u>
If Y	es, please provide details:	

Limit: \$1,000,000 per occurrence/ \$1,000,000 ag	gregate
\$1,000,000 per occurrence/ \$2,000,000 ag	gregate
 Is the applicant or any of the applicant's employ armed with any type of weapon? 	vees or contracted workers
If Yes, are all permits and licensing requirement	
Does the applicant utilize employed or contract	
If Yes, please provide the following:	, , , ,
a. Number of Guards:b. Does the applicant obtain Certificates of Insapplicant named as an Additional Insurance	
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
Does the applicant have an active central alarm system? Are all windows and doors connected to an Active Central	
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Are all windows and doors connected to an Active Cent	ral Station Alarm? Yes No
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Are all windows and doors connected to an Active Cent. Does the applicant have interior and exterior cameras?	ral Station Alarm? Yes No
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Are all windows and doors connected to an Active Centrology Does the applicant have interior and exterior cameras? Property Coverage and Endorsements Optional Deductibles: \$1,000 \$2,50 Valuation: RC ACV	ral Station Alarm? Yes No Yes No 00 \$5,000 \$10,000
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Are all windows and doors connected to an Active Centrology Does the applicant have interior and exterior cameras? Property Coverage and Endorsements Optional Deductibles: \$1,000 \$2,50 Valuation: RC ACV Building Coverage: \$ Business Personal Property: \$ Improvements & Betterments: \$	ral Station Alarm?
Are all windows and doors connected to an Active Centrology Does the applicant have interior and exterior cameras? Property Coverage and Endorsements Optional Deductibles: \$1,000 \$2,50 Valuation: RC ACV Building Coverage: \$ Business Personal Property: \$ Improvements & Betterments: \$ Business Income: \$ I warrant the above to be true and I understand the instanting the second property in the second prope	ral Station Alarm?

issuance of any policy. I further understand and agree that failure to provide a true and response to the foregoing questions may, at the option of the company, result in the voidin insurance issued in reliance on this application and/ or denial of claims under any policy issued. I authorize and consent to investigations of information bearing upon moral character, professions and fitness to engage in the activities of my business and I agree to release to Insurance Company, any documents, records or other information bearing upon the foregoing	g of the
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reputation and fitness to engage in the activities of my business and I agree to release to	essiona
understand and agree these investigations shall not be confined to information submitted application, but shall include any other sources of information deemed relevant by the Companibe authorized by law.	Conifered Spoing.
I understand this insurance is being provided through a surplus lines company and the insurer be subject to all the insurance laws and rules in my state and the risk is not protected by t Insurance Insolvency Fund.	•
THIS APPLICATION MUST BE SIGNED BY THE APPLICANT WITHIN 10 DAYS OF BINDING.	
SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY.	GE .