

**Applicant Name** \_\_\_\_\_

### **Lease Requirements**

1. Do your leases with your tenants contain an indemnity agreement for any accident arising out of the use and occupancy of the premises? If “no,” please explain below    Yes        No
2. Do your leases with your tenants include an insurance procurement provision whereby the tenant must name you as an additional insured on a primary non-contributory basis? If “no,” please explain below  
Yes        No
3. Do your leases include a mutual waiver of subrogation?  
If “no,” please explain below    Yes        No

### **Contractor Requirements**

4. Is there a formal process in place to determine contractor / vendor selection process directed by you or your property manager? If “no,” please explain below    Yes        No
5. Is there a procedure in place to insure that any contractor that performs work on behalf of a tenant has added you as an additional insured on the contractor's policy on a primary non-contributory basis? If “no,” please explain below    Yes        No
6. If you contract to have work performed at your property, do your contracts with the contractors / vendors:
  - a. Contain a broad indemnity agreement covering you for any accident arising out of the work?  
If “no,” please explain below    Yes        No
  - b. Require that they name you as an additional insured on their policies, on a primary non-contributory basis? If “no,” please explain below    Yes        No
  - c. Does the contractor/vendor’s insurance carrier acknowledge and respond to the additional insured cover provided? (i.e. no contractual liability exclusions)  
If “no,” please explain below    Yes        No

### Controls

- 7. Is there any procedure in place to review the additional insured endorsements of the contractors / vendors policies? Are copies of the additional insured endorsements reviewed by you (or your legal team) to insure the coverage required in the lease or contract is secured? If “no,” please explain below  
Yes      No
  
- 8. Do all contracts and leases undergo review by an attorney? If “no,” please explain below  
Yes      No
  
- 9. In the last seven years, has any complaint, claim or suit for labor law been brought against you or any other insured? If “yes,” please provide details below. Yes      No

**Comments:**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_