

THE INSURED MUST READ, COMPLETE, SIGN AND DATE THIS ENTIRE FORM.

Completion of this form in no way will be considered a grant of coverage and underwriters do not guarantee that a policy or policy endorsement will actually be issued upon receipt of a fully completed application.

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:

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: Substantial] civil penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

In the District of Columbia, Warning: It is a Crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon, and Vermont, any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject the person to criminal and civil penalties.

In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand the information in this supplemental application becomes a part of the Application and is subject to the same representations and conditions.

Name (Print)

Title

Signature

Date

Questions taken from SUITELIFE Supplemental Questionnaire

SUITELIFE Underwriting Managers is a series of RSG Underwriting Managers, LLC. RSG Underwriting Managers is a Delaware series limited liability company and a subsidiary of Ryan Specialty Group, LLC, specializing in underwriting management and other services for insurance products distributed through agents and brokers. Some products may not be available in all states or may be available only from surplus lines insurers. In California: RSG Insurance Services, LLC License #0E50879 © 2020 Ryan Specialty Group, LLC