

Mixed Use Commercial Building Owner's Supplement

Date Completed: _____

Completed by: _____

General Information

Agency: _____ Producer's Name: _____

Applicant's Name _____

Are any buildings occupied (in whole or in part, whether for commercial or residential purpose) by the insured or any officer, partner or member of the applicant. Yes No

How long have you known the insured? _____

Is this new business to you? Yes No If Yes, source of business: _____

Additional Property Information

When did you last inspect the property? _____

Total Number of apartment units: _____

Number of unfurnished units: _____ Number of furnished units: _____ Total value of furnishings: \$ _____

Building is not sprinklered or Building is sprinklered _____%

Building is not vacant or Building is vacant _____%

Section I – Property (Please complete a separate form - Property section only - for each location)

Location Number: _____ Premises Address: _____
(Street) (City) (State) (ZIP)

- Optional Coverages, subject to eligibility:
- Deductible amount: ___ \$500 ___ \$1,000 ___ \$2,500 ___ \$5,000 ___ \$10,000
 - If multiple buildings, do you want blanketed coverage? _____
 - Additional limit for Increased Cost of Construction Requested? (\$100,000 Included) \$ _____
 - Equipment Breakdown Coverage? Please list/describe: _____

Please state all occupancies (e.g. restaurant, office, clothing store) and the square foot area of each:

Occupancy Class	Square Feet	Annual Rent

Section II – Liability

Premises Liability Occurrence/Aggregate Limit and Additional Coverage Options

- \$300,000/\$1,000,000
- \$500,000/\$1,500,000
- \$1,000,000/\$3,000,000
- \$2,000,000/\$4,000,000

- Non-Owned Auto Liability (occurrence limit the same as premises liability occurrence limit)
- Hired Auto Liability (occurrence limit the same as premises liability occurrence limit)
- Personal Injury and Advertising Injury Liability (occurrence limit the same as premises liability occurrence limit)
- Is community subject to rent control? _____
- Medical Payments \$1,000/\$25,000 (no options for additional coverage)

FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.