DEANS & HOMER
ESTABLISHED IN 1856

PBOP –Supplemental Underwriting Information

Date Completed: _____

General Information

Producer's Name: _____ Agency: _____

Applicants Name _____Applicant's Website: _____

How long have you known the insured? _____ Is this new business to you? ___ If yes, source of business: _____

When did you last see the properties? _____ Are any of the buildings vacant or partially vacant? ____

Does the insured, or a business owned by the insured, occupy any part of the building or buildings? _____

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 ($1,000 is standard): ___$250 ___$500 ___$1,000 ___$2,500 ___$5,000 ___$10,000 ___$20,000 ___$25,000 ___$50,000 ___$75,000 ___$100,000

❑ Do you want coverage limits to be blanketed with other locations? …… ☐ Yes ☐ No

❑ Increased Cost of Construction Limits Requested? ($250,000 Included) $_____

❑ Is the building "Green" Certified (LEED, Green Globes, or Energy Star Rating Systems)? ……. ☐ Yes ☐ No

❑ Basic limits Green Building Coverage for non-certified structure ($10,000 for $10 premium)? ☐ Yes ☐ No

❑ Green Building Coverage, limits in excess of $10,000 but not higher than $100,000? $_____

❑ Earthquake Sprinkler Leakage Coverage deductible choices:
☐ Same as policy deductible ☐ 2% deductible ☐ 5% deductible
(Buildings that are 100% office occupancy are required to have a minimum EQSL deductible of 2%.)

Premises with multiple occupancies:

Please indicate the various occupancies *(e.g. restaurant, office, clothing store, woodworker)* and the approximate square footage of each. For properties with habitational occupancies, please show the number of apartment or family units.

Occupancy Class	Square Footage / # of Units

What is the annual rental income for this property? _____

Sprinkler Rate Modification, (if applicable to risk) % of building area protected by an automatic fire sprinkler system? _____%

Section II – Liability

Premises Liability, Personal Injury and Advertising Injury Liability Occurrence/Aggregate Limit Options:
(select one)

☐ $300,000/$1,000,000
☐ $500,000/$1,500,000
☐ $1,000,000/$3,000,000
☐ $2,000,000/$4,000,000
☐ $3,000,000/$4,000,000
☐ $4,000,000/$4,000,000
☐ $5,000,000/$5,000,000

☐ 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)
☑ Medical Payments $1,000/$25,000 (no options for additional coverage)

Risk Factor Modification:

- Does property lease contain hold harmless and waiver of subrogation provisions? ☐ Yes ☐ No
- Is the lessor/applicant named as an additional insured on tenant's liability policies? ☐ Yes ☐ No
- Is the property managed by professional real estate management Company? ☐ Yes ☐ No
  If professionally managed, please name the company: _____

CLEAR PRINT