/ SUPPLEMENTAL APPLICATION

Lessor's Risk Only (LRO) Supplemental

Owner-leased buildings, tenant mix, and certificate controls.

> Please complete this supplement in full and return it with a signed ACORD application. Submit to submissions@hedgespecialty.com or through the Hedge broker portal. Answer every question — incomplete applications delay quoting.

GENERAL INFORMATION

NAMED INSURED / APPLICANT

DBA / TRADE NAME

BROKERAGE / BROKER

AGENCY / AGENT

PROPOSED EFFECTIVE DATE

NEW OR RENEWAL?

POLICY / QUOTE NUMBER

FEIN

ENTITY TYPE (LLC, CORP, ETC.)

YEARS IN BUSINESS

YEARS UNDER CURRENT MGMT

EMPLOYEES (FT / PT)

DESCRIPTION OF BUILDING / TENANCY

WEBSITE

MAILING & RISK ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

OF LOCATIONS

PRIMARY RISK / PREMISE ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

COUNTY

CONTACTS

PRIMARY CONTACT NAME

TITLE

EMAIL

PHONE

AUDIT / INSPECTION CONTACT

INSPECTION PHONE

INSPECTION EMAIL

CURRENT / EXPIRING CARRIER INFORMATION

CURRENT / EXPIRING CARRIER

POLICY NUMBER

ANNUAL PREMIUM $

LIMIT(S) OF INSURANCE

DEDUCTIBLE / SIR

RETROACTIVE DATE (IF ANY)

Is the current carrier offering renewal? ☐ YES ☐ NO

Is the expiring / current coverage written on a claims-made basis? ☐ YES ☐ NO

PREMISES PROFILE

The applicant leases space to tenants and does not operate a business at the premises (unless noted below).

TOTAL # OF BUILDINGS | TOTAL # OF LOCATIONS | TOTAL BUILDING SQ FT | % OF BUILDING OWNER-OCCUPIED

TOTAL # OF TENANTS / UNITS | OVERALL OCCUPANCY RATE (%) | # CURRENTLY VACANT UNITS | LONGEST CURRENT VACANCY (MONTHS)

1. Does the applicant occupy and operate a business at any location seeking coverage? ☐ YES ☐ NO
2. Is any location a one-family, owner-occupied dwelling? ☐ YES ☐ NO
3. Is any location a mobile or manufactured home? ☐ YES ☐ NO
4. Is any building a habitational / residential dwelling (1-4 family, apartment, condo)? ☐ YES ☐ NO
   IF YES, TOTAL # RESIDENTIAL UNITS
5. Is the applicant responsible for maintenance of the property? ☐ YES ☐ NO

BUILDING SCHEDULE

List each building/location. Construction: Frame, Joisted Masonry, Non-Combustible, Masonry Non-Combustible, Fire-Resistive. Protection class & sprinkler status per building.

Locations

LOC #	ADDRESS / CITY / STATE / ZIP	YR BUILT	CONSTRUCTION	# STORIES	SQ FT	BUILDING LIMIT / TIV $	SPRINKLERED? (Y/N)	ROOF AGE / LAST UP

Most recent updates to building systems (year)

ROOF | ELECTRICAL / WIRING | PLUMBING | HVAC | HEATING

TENANT MIX

Allocate the building by tenant type. Percentages of square footage should total 100%.

Tenant-Type Allocation

TENANT TYPE	% OF SQ FT	# TENANTS
Office		
Retail		
Restaurant		
Bar / Tavern		
Warehouse / Storage		
Light Manufacturing / Industrial		

TENANT TYPE	% OF SQ FT	# TENANTS
Medical / Dental		
Fitness / Gym / Studio		
Auto Service / Repair		
Convenience / Gas Station		
Vacant		
Residential / Apartment		
Cannabis (dispensary / grow / processing)		
Adult / Entertainment		

LARGEST SINGLE TENANT (% OF BUILDING)

LONGEST TENANT TENURE (YEARS)

ANCHOR / NATIONAL TENANT (IF ANY)

Rental Receipts — Five-Year History

RENTAL INCOME	UPCOMING YR (EST.) $	LAST 12 MONTHS $	1 YEAR PRIOR $	2 YEARS PRIOR $	3 YEARS PRIOR $
Rental Receipts / Gross Rents					
Common-Area / CAM Recoveries					
TOTAL					

TOTAL ANNUAL RENTAL RECEIPTS $

AVG RENT PER SQ FT $

LEASES RENEWING NEXT 12 MO

Residential rent detail (if habitational)

RENTAL BASIS (ANNUAL / MONTHLY / SEASONAL)

AVG RENT — 1BR $

AVG RENT — 2BR $

AVG RENT — 3BR $

TENANT HAZARD EXPOSURES

Indicate any tenant occupancies present anywhere in the schedule.

Hazard / heightened-exposure tenants present (check all)

- ☐ Discount store
- ☐ Convenience store
- ☐ Liquor store
- ☐ Bar / tavern
- ☐ Nightclub
- ☐ Gentleman's / adult club
- ☐ Restaurant w/ cooking
- ☐ Children's museum / play center
- ☐ Children's amusement / arcade
- ☐ Trampoline / indoor recreation
- ☐ Medical / surgical facility
- ☐ Cannabis dispensary
- ☐ Cannabis grow / processing / mfg
- ☐ Spray / paint / refinishing
- ☐ Welding / hot work
- ☐ Woodworking
- ☐ Chemical / flammable storage
- ☐ Auto repair / body
- ☐ Daycare
- ☐ Pool / spa / hot tub on premises
- ☐ None

6. Do any tenants stay open past midnight? ☐ YES ☐ NO

IF YES, WHICH TENANTS / CLOSING TIMES

7. Are any spas, hot tubs, lakes/ponds, docks/piers, or playground/recreational devices on premises? ☐ YES ☐ NO

IF YES, DESCRIBE

8. Is there a daycare operation on premises? ☐ YES ☐ NO

IF YES, IS THE APPLICANT NAMED ADDITIONAL INSURED & WHO WRITES ITS GL?

9. Are exotic pets, animals, or tenant pets allowed on premises? ☐ YES ☐ NO

IF YES, RESTRAINT / BREED RESTRICTIONS

10. Have any animal-bite incidents occurred on any premises in the past 5 years? ☐ YES ☐ NO

TENANT CONTROLS & LEASING

11. Are tenants required by lease to carry their own general liability insurance? ☐ YES ☐ NO

12. Are tenants required to provide a certificate of insurance naming the applicant as additional insured? ☐ YES ☐ NO

13. Does the applicant collect updated COIs from all tenants annually? ☐ YES ☐ NO

14. Does the applicant use a professional real-estate / property manager? ☐ YES ☐ NO

IF YES, MANAGER NAME

15. Are background checks conducted on all new tenants? ☐ YES ☐ NO

16. Does the applicant re-key all locks prior to leasing to a new tenant? ☐ YES ☐ NO

17. Are written leases used with all tenants, and do they include hold-harmless / indemnification of the applicant? ☐ YES ☐ NO

18. Are any tenants in the process of being evicted, or evicted within the past 6 months? ☐ YES ☐ NO

IF YES, DESCRIBE

19. Has the applicant had any building-code violations in the past 5 years? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

BUILDING SAFETY & MAINTENANCE

For habitational risks, eligibility requires functioning detectors and updated wiring.

20. For any building built before 1978, is 100% of electrical wiring on functioning circuit breakers (no fuses)? ☐ YES ☐ NO

21. For any building built before 1978, is the building free of aluminum and knob-and-tube wiring? ☐ YES ☐ NO

22. Do all units / occupancies have functioning, operational smoke and/or heat detectors? ☐ YES ☐ NO

23. Do all units have functioning carbon-monoxide alarms where required by law or local code? ☐ YES ☐ NO

24. Are wood stoves, space heaters, or temporary heating devices prohibited at all locations? ☐ YES ☐ NO

25. Is there a procedure to test detectors and replace batteries on a documented schedule? ☐ YES ☐ NO

26. Is there a secondary means of egress where any unit is over two stories? ☐ YES ☐ NO

27. Is there a documented schedule for inspection and maintenance of all facilities, walkways, and parking areas? ☐ YES ☐ NO

28. Are entry doors fitted with keyless deadbolts (and peepholes on residential units)? ☐ YES ☐ NO

29. Are any buildings undergoing renovation, reconstruction, or planned construction in the next 12 months? ☐ YES ☐ NO

IF YES, DESCRIBE SCOPE, VALUE, AND COMPLETION DATE

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

SNOW & ICE REMOVAL

Complete where applicable to the location's climate.

30. Are adequate procedures in place to ensure snow and ice removal at all premises where applicable? ☐ YES ☐ NO

31. Is snow and ice removal performed by a third-party contractor? ☐ YES ☐ NO

IF NOT, DESCRIBE THE PROCEDURE USED

32. Does the snow/ice contract require hold-harmless wording in favor of the applicant? ☐ YES ☐ NO

33. Are snow/ice contractors required to provide a COI naming the applicant as additional insured? ☐ YES ☐ NO

34. Are written records maintained for all snow and ice removal activity? ☐ YES ☐ NO

OUTSIDE MAINTENANCE & CONTRACTORS

Complete if property maintenance is subcontracted out.

35. Is the applicant named as additional insured on all maintenance / janitorial / landscaping contractor policies? ☐ YES ☐ NO

36. Are certificates of insurance required from all contractors, and are records kept? ☐ YES ☐ NO

37. Is a minimum limit of liability required of contractors? ☐ YES ☐ NO

MINIMUM LIMIT REQUIRED $

SECURITY

SECURITY TYPE (NONE / UNARMED / ARMED)	# DAYS VIDEO SURVEILLANCE RETAINED	LIGHTING / CAMERAS IN COMMON AREAS? (Y/N)

38. Is there premise security at any location? ☐ YES ☐ NO

IF YES, WHICH LOCATIONS / HOURS

39. Is security personnel directly employed by the applicant (vs. contracted)? ☐ YES ☐ NO

40. If security is contracted, is a hold-harmless agreement in place and a COI obtained? ☐ YES ☐ NO

41. Are off-duty police officers utilized for security? ☐ YES ☐ NO

42. Do officers / guards carry service firearms while on premises? ☐ YES ☐ NO

43. Are contract K-9 unit officers used who bring a dog onto the premises? ☐ YES ☐ NO

44. Are security guards armed? ☐ YES ☐ NO

45. Do security guards carry firearms? ☐ YES ☐ NO

46. Do security guards carry tasers or stun guns? ☐ YES ☐ NO

47. Do security guards carry mace or pepper spray? ☐ YES ☐ NO

48. Do security guards carry any other weapons? ☐ YES ☐ NO

IF YES, DESCRIBE

49. Within 5 years, any assault & battery incident at any premises? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

COVERAGE REQUESTED

BUILDING / PROPERTY TIV $

PROPERTY DEDUCTIBLE

GL EACH-OCCURRENCE

GL GENERAL AGGREGATE

BUSINESS INCOME / LOSS OF RENTS $

EQUIPMENT BREAKDOWN (INCL. / EXCL.)

ORDINANCE OR LAW LIMIT $

REQUESTED EFFECTIVE DATE

LOSS HISTORY

List all claims and losses for the past 5 years, regardless of fault or payment. Attach currently-valued (within 90 days) loss runs for all lines.

50. Has the applicant had any claims, losses, or incidents in the past 5 years? ☐ YES ☐ NO

51. Are there any known incidents, facts, or circumstances that may result in a claim? ☐ YES ☐ NO

52. Has any coverage been declined, cancelled, or non-renewed in the past 5 years? ☐ YES ☐ NO

Loss Detail

DATE OF LOSS	LINE / COVERAGE	CLAIMANT	DESCRIPTION	PAID $	RESERVED $	STATUS (O/C)

APPLICANT STATEMENT & SIGNATURE

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (in some states a fine and/or imprisonment). The applicant represents that the statements and answers given are true, complete, and accurate to the best of their knowledge and will be relied upon by the insurer. Completion of this application does not bind coverage.

SIGN

DATE

SIGNATURE OF APPLICANT

PRINTED NAME

TITLE

PRODUCER / AGENCY

HEDGE SUBMISSION #