# **Commercial/Industrial** Supplemental Application

Please attach this supplemental to the General Application

*Email accounts to:* ***Contact-Us@mechanicusins.com****. Please type the name of the Insured/ Customer in the subject line of the e-mail. If application is for multiple locations, complete the owner/insured information and provide an SOV in Excel format with remaining information requested for each location.*

***All sections required for a quote (unless specifically stated).***

Account Name: _____

Location Address: _____ Effective Date: _____

## Coverage Details

Deductible Requested: _____ Building Replacement Value: _____

Annual Rents: _____ Business Personal Property: _____

☐ Property ☐ Liability *select option:* Primary GL

## Occupancy — Please attach Rent Roll(s)

Restaurant Tenant(s)? ☐ Yes ☐ No *If yes, please provide sample lease and percentage occupied:* _____ *%*
If Yes, are all kitchens equipped with fire suppression systems? ☐ Yes ☐ No

Warehouse/Industrial Tenants? ☐ Yes ☐ No *If yes, are flammables stored?* ☐ *Yes* ☐ *No*

Cannabis Tenants? ☐ Yes ☐ No *If yes, please complete "Eligibility" Section of the Cannabis Supplemental*

Light Manufacturing? ☐ Yes ☐ No *If yes, any wood, plastics, or textiles? Please describe:* _____

Dry Cleaners? ☐ Yes ☐ No *If yes, please provide sample lease and percentage occupied*

## Building Information

How many years under current ownership? _____ Owner Occupied? ☐ Yes ☐ No *If yes:* _____ *%*

Construction:

☐ ISO 1: Frame (___%) ☐ ISO 2: Joisted Masonry (___%) ☐ ISO 3: Noncombustible (___%)

☐ ISO 4:Masonry Noncombustible (___%) ☐ ISO 5: Modified Fire Resistive (___%) ☐ ISO 6: Fire Resistive (___%)

Building Square Footage: _____ Percent Occupied: ____ % Please explain if less than 70%: _____

Original Year Built: _____ Year Remodeled: _____ #Buildings: _____ #Stories: ____ #Units: _____ Distance between Buildings: _____

Any Ongoing or planned renovations? ☐ Yes ☐ No If Yes, Provide Details: _____

**Automatic Fire Sprinklers**: ☐ Fully Sprinklered* (100% or fully sprinklered except bathrooms/closets) **Sprinkler & backflow test is required upon binding*

☐ Partial/life safety system** (egress areas only) ***Sprinkler test is required upon binding*

Annual sprinkler inspection performed? ☐ Yes ☐ No

☐ Non-sprinklered (or only parking/utilities/garbage areas)

Is the system retro-fit or have exterior wall/attic piping ☐ Yes ☐ No

Central Station Alarm Monitoring: ☐ Fire ☐ Burglary ☐ Sprinkler

Parking Type: -- Select -- Parking Sq Footage: _____ Basement: ☐ Yes ☐ No If Yes, Sq Ft: _____

Are any of the following on the property: ☐ Cell Towers ☐ Billboards *If yes, please provide copies of agreements & insurance.*

☐ Solar Panels *If yes, are they*: ☐ Leased ☐ Owned

ISO Public Fire Protection Class: Is location within 2500' of brush? ☐ Yes ☐ No

Designated Historical Building? ☐ Yes ☐ No

Is smoking permitted on the premises? ☐ Yes ☐ No

**NEARBY EXPOSURES**:

| | Distance | Describe | | Distance | Describe |
|---|---|---|---|---|---|
| Front: | _____ | _____ | Right: | _____ | _____ |
| Back: | _____ | _____ | Left: | _____ | _____ |

## Property Updates (Provide original years or year FULLY replaced)

*=unacceptable

**Wiring** Year Rewired: ____ Year Partially Rewired: ____ Please describe: _____

Wiring Type: ☐ Copper ☐ Aluminum* ☐ Knob & Tube*

If ***Aluminum***, has it been retrofitted with one of the PIC Approved connectors by a licensed electrician? (select below)

☐ COPALUM ☐ AlumiConn ☐ Other (please describe): _____

Circuit Protection: ☐ Circuit Breakers ☐ Fuses* ☐ Zinsco* ☐ Federal Pacific Stab-Lok* ☐ Challenger* ☐ Pushmatic*

**Plumbing** Year Replaced: ____ Year Partially Replaced: ____ Please describe: _____

Pipe Type: -- Select -- *If other, please describe*: _____

*If types combined, please provide percentages:* _____

**HVAC** Year Replaced: ____ Year Partially Replaced: ____ Please describe: _____

HVAC Type: -- Select -- *If other, please describe*: _____

Serviced Annually? Yes No *If types combined, please provide percentages:* _____

**Roofing** Year Replaced: ____ Year Partially Replaced: ____ Please describe: _____

Roof Type: -- Select -- *If other, please describe*: _____

*If types combined, please provide percentages:* _____

**Fire/Life/Safety** Year Updated: ____ Year Partially Replaced: ____ Please describe: _____

Are tenants prohibited from using extension cords and non-surge protected power strips on a permanant basis? ☐ Yes ☐ No

Are hot water heaters replaced on a set schedule (i.e. every 10 years)? ☐ Yes ☐ No

Are bathroom exhaust fans cleaned annually? ☐ Yes ☐ No

Are bathroom exhaust fans inspecated by a contractor at a minimum of every 15 years and replaced as needed? ☐ Yes ☐ No

## Safety Controls

Who handles maintenance: ☐ Employees ☐ Subcontractor* *If yes, is there a hold harmless agreement?* ☐ *Yes* ☐ *No*

Are regular property inspections performed for grounds & building? ☐ Yes ☐ No

Are routine maintenance and cleaning plans in place? ☐ Yes ☐ No

Reporting protocol in place if incident occurs? ☐ Yes ☐ No

Does the building meet all local life safety codes (fire alarms, fire doors, smoke detectors, emergency lighting, etc. ☐ Yes ☐ No

Has applicant or related entity received any Notices of Violation from a governmental agency? ☐ Yes ☐ No

Is there tenant screening? ☐ No ☐ Criminal Only ☐ Credit Only ☐ Criminal & Credit

## Security

Entire property fenced? ☐ Yes ☐ No *If no: ____% fenced*

Cameras? ☐ Yes ☐ No

Alarms? ☐ Yes ☐ No

Doorman? ☐ Yes ☐ No

Automatic Access Gate? ☐ Yes ☐ No

Security Provided? ☐ Yes ☐ No If Yes: ☐ Armed ☐ Unarmed

*If Armed, does security service retain at least $1M of Liab Coverage* ☐ *Yes* ☐ *No*

Employee? ☐ Yes ☐ No

Subcontractor?* ☐ Yes ☐ No

*If yes, is owner named as an Additional Insured?* ☐ Yes ☐ No

Days of the week? ☐ Su ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa

24-Hours on Duty? ☐ Yes ☐ No

Guard Dogs on Premises? ☐ Yes ☐ No

## Exposures

Trash Chutes ☐ Yes ☐ No

Elevators: ☐ Yes ☐ No *If Yes, Is there a service contract in place?* ☐ *Yes* ☐ *No*

Any units rented out for out for events? ☐ Yes ☐ No *If yes, please provide list of events and a copy of the event contract*

Other Recreational Facilities: _____

## Additional Services

Are any of the following services or activities provided:

☐ Adult/Child Day Care ☐ Housekeeping Service ☐ Food Service ☐ Social Activities
☐ Laundry Service ☐ Transportation Service ☐ Medical Service ☐ Emergency Pull Cords

If yes to any of the above, please describe and indicate whether they are provided by employees or third parties:

_____

If any additional services are provided but not listed, please describe: _____

Are there any units / space in buildings not owned/managed by the insured? ☐ Yes ☐ No

## Hired Non-Owned Auto

Do they currently have HNOA in their GL policy? ☐ Yes ☐ No
Does the Named Insured(s) have any owned autos? ☐ Yes ☐ No
Do they use personal vehicles to run company errands, deliver anything or drive other employees? ☐ Yes ☐ No
Do they have a corporate Auto Liability Policy? ☐ Yes ☐ No
Are any scheduled automobiles used outside the scope of the insured's business operations? ☐ Yes ☐ No
Does the insured request Driver History Reports (MVRs) and/or offer Driver Safety Courses? ☐ Yes ☐ No
What is the typical use of autos for company business? _____
What are the annual expenditures for rented autos on company business? _____
Does any location insured have a shuttle or other transportation provided to guests, tenants or others? ☐ Yes ☐ No

If yes, please provide details on the shuttle or other transportation, including who operates and who insures the vehicle:

_____

## Insurance Requirements

**Applicable to All Occupancy Types:**

Is there a waiver of subrogation in the lease/CC&Rs? ☐ Yes ☐ No
Do your service agreements require the contractor to have liability coverage? ☐ Yes ☐ No
*If yes, minimum liability limits required?* _____
Does your lease require tenant to carry liability insurance? ☐ Yes ☐ No
*If yes, minimum liability limits required?* _____
Are all locations currently in compliance with all property statues, local ordinances and building codes? ☐ Yes ☐ No
*If no, please explain:* _____

## High Rise (4 or more stories):

☐ Fire Risers
*Describe:* _____

☐ 100% sprinkler coverage with annual testing and maintenance by a qualified professional
*Describe:* _____

☐ Centrally-monitored fire sprinkler alarm activated by water-flow and valve tamper alarms
*Describe:* _____

☐ At least 2 "protected" means of egress from floors 3 +; preferably enclosed, fire-rated, pressurized stairwells equipped with smoke evacuation systems connected to a back-up generator
*Describe:* _____

☐ Self-closing, fire-rated doors between corridors and stairwells and between corridors and units
*Describe:* _____

☐ Powered exit signage in the corridors to indicate the means of egress
*Describe:* _____

☐ A secondary lighting source (i.e.: emergency lighting), preferably connected to a back-up generator, in all common areas (corridors and stairwells)
*Describe:* _____

☐ A centrally-monitored fire alarm system activated by both manual pull stations and hardwired common area smoke detectors/heat sensors, and equipped with local alarm bells/horns.
*Describe:* _____

☐ Hardwired smoke detectors in each unit
*Describe:* _____

☐ Evacuation Plan for the Building in Place for Use in an Emergency
*Describe:* _____

1. The applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.
2. Completion of this form does not bind coverage or commit the Company to policy issuance.
3. Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud

## PLEASE SIGN:

Applicant: _____
Signature: _____
Date: _____

Producer: _____
Signature: _____
Date: _____

Clear Form