



PROPERTY SUPPLEMENTAL APPLICATION

PROPERTY

Name of Insured: _____

Schedule of Locations: _____

Replacement Cost

Actual Cash Value

Deductibles: _____ Co-Insurance: _____

BUILDING IDENTIFICATION (or please provide Statement of Values)

	<u>Building #1</u>	<u>Building #2</u>	<u>Building #3</u>	<u>Building #4</u>	<u>Building #5</u>	<u>Building #6</u>
Name/Description						
<u>Type of Construction</u>						
• Floor						
• Walls						
• Roof						
No. of Stories						
Area (Sq. Footage)						

<u>Year Built</u>	<u>Building #1</u>	<u>Building #2</u>	<u>Building #3</u>	<u>Building #4</u>	<u>Building #5</u>	<u>Building #6</u>
Year Built (e.g. 1980)						
<i>If building is 25 years old or older, please comment on date of upgrades below:</i>						
• Roof (upgrade)						
• Electrical (upgrade)						
• Plumbing (upgrade)						
• Heating (upgrade)						

<u>Sprinklered (Y/N)</u>						
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<u>Alarms (Y/N)</u>	<u>Building #1</u>	<u>Building #2</u>	<u>Building #3</u>	<u>Building #4</u>	<u>Building #5</u>	<u>Building #6</u>
• Fire						
• Burglar						



<u>Statement of Values</u>	<u>Building #1</u>	<u>Building #2</u>	<u>Building #3</u>	<u>Building #4</u>	<u>Building #5</u>	<u>Building #6</u>
• Building						
• Contents/Equipment						
• Stock						
• Tenant Improvements						
• EDP Equipment/Data & Media						
• Property of Others						
• Contractors Equipment						

Special Hazards please provide a brief description of the following exposures (or indicate "none" if applicable) :

Kitchen (fryers, etc.) Automatic extinguishing system and grease hood. Is there a maintenance contract in place?

Storage of Flammables _____

Other (please describe) _____

BUSINESS INCOME

Business Income coverage is an extension of Property Coverage that will pay for the loss of Business Income subject to the policy conditions. The suspension must be caused by direct physical loss of or damage to property at the premises described in the policy subject to any applicable exclusions.

Please indicate if you are interested in this coverage: Limit: Yes No

Contractors Equipment Limit: _____ Deductible: _____

Equipment Schedule:

<u>Number</u>	<u>Year</u>	<u>Make/Model</u>	<u>ID Number</u>	<u>Value</u>

LOSS HISTORY

Enter all claims or occurrences that may give rise to claims for the prior 5 years.

Check here if none See attached loss summary

<u>Date of Occurrence</u>	<u>Type/Description of Occurrence or Claim</u>	<u>Date of Claim</u>	<u>Amount Paid</u>	<u>Amount Reserved</u>



I understand that StoneRidge Specialty, for the insuring company is permitted but not obligated to survey your property and operations for underwriting and/or loss control purposes at any time. I also understand that, by making an underwriting and/or loss control survey or providing any report of recommendations, StoneRidge Specialty is not undertaking, on behalf of, or for your benefit (or others), to determine whether your property or operations are safe, or in compliance with any standards, rules or regulations. Underwriting and/or loss control surveys are for the sole purpose of determining the insurability of certain property and operations and are not for the benefit of any insured or third party. I understand and shall not rely upon underwriting and/or loss control surveys or activities to determine the safety of our property or operations and we shall not diminish or forego our own safety practices and procedures in reliance upon any StoneRidge Specialty survey.

I understand that this application and all information supplied is part of the application process and will be relied upon by the insurance company in determining whether to provide the insurance coverage herein requested. Any material misrepresentation or false statement may entitle the insurance company to rescind the policy, voiding all insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on this application and that, to the best of my knowledge, all information provided in this application is complete, true and correct.

I hereby represent and confirm that, to the best of my knowledge, all information provided in this questionnaire is complete, true and correct. I also understand that this questionnaire is only a tool for rating the insurance coverages being requested and that no insurance is in effect until accepted by the company or companies in writing.

Signature

Title

Date