



## BUILDING OWNERS QUESTIONNAIRE

### Named Insured

Policy/Quote Number

Location Address:

Insured's website:

1. Does the insured require all tenants to sign a lease agreement? ☐ Yes ☐ No
  - a. Does the lease agreement require Additional Insured status for the owner? ☐ Yes ☐ No
  - b. Does the lease require the tenant to indemnify and hold harmless the owner? ☐ Yes ☐ No
  - c. Does the insured require a Certificate of Insurance from all tenants? ☐ Yes ☐ No
2. Does the insured own or manage other property not covered on this policy? ☐ Yes ☐ No

If yes, provide: Address:

- a. Occupancy:
  - b. Policy Number: Insurance Company:
  - c. Additional Information:
3. Total Annual Rent Receipts: \$
  4. Percent of the current building area that is vacant: % Expected length of vacancy:
  5. Are building renovations currently occurring? ☐ Yes ☐ No
    - a. If yes, please describe:
  6. Provide a list of tenants within the building. Include the occupancy and square footage of each

Tenant Name	Type of Occupancy	Square Footage

7. If any commercial cooking is performed on premise, is it required and enforced that the automatic extinguishing and hood ventilation systems are serviced on a semi-annual basis? ☐ Yes ☐ No
8. Does the building owner have a maintenance staff? ☐ Yes ☐ No
  - a. If yes, please describe duties:
9. Does the insured contract services such as building maintenance, building repair or snow removal? ☐ Yes ☐ No
  - a. If yes, describe the services:
10. Does the insured sign a written contract for those services? ☐ Yes ☐ No
11. Does the contract require Additional Insured status for the owner? ☐ Yes ☐ No
12. Does the contract include an indemnity and hold harmless clause in favor of the insured? ☐ Yes ☐ No
13. Does the insured require a Certificate of Insurance from all contractors? ☐ Yes ☐ No
14. Are there any special events held on the premises? ☐ Yes ☐ No
  - a. If yes, describe special events:

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_