



Building Supplement for Office, Retail and/or Restaurant Occupancies

Check any occupancy that applies. Please complete a separate supplement for each location.

Strip Shopping Center (No Anchor) _____ Shopping Center (With Anchor) _____
Stand Alone Retail _____ Office Building _____
Indoor Mall _____ Habitational with Comm. Tenant _____
Stand Alone Bar/Restaurant _____
Other: Please Specify _____

Lead Named Insured: _____

DBA _____

Street Address _____

City, State, Zip _____

Tenant Information:

All Commercial Occupancies: Attach list of tenants and square footage occupied (Rent Roll Preferred).

For all tenants, does the tenant:

Hold the landlord harmless? _____ Yes _____ No

Provide at least \$1,000,000 GL Liability Limits? _____ Yes _____ No

Include the landlord as Additional Insured? _____ Yes _____ No

Provide Certificates of Insurance to the landlord annually? _____ Yes _____ No

Is liquor served by any of the tenants? _____ Yes _____ No

If yes, does each tenant, in addition to the above:

Provide at least \$1,000,000 Liquor Liability Limits? _____ Yes _____ No

Is cooking done on any of the premises? _____ Yes _____ No

If yes, is there a fire suppressant system (Ansul) at each location? _____ Yes _____ No

Is the system maintained regularly at each location? _____ Yes _____ No

Retail Occupancies:

Total Gross Square Feet of Retail Space _____

Is the Parking Indoor or Outdoor? _____ Total Square Feet of Parking _____
(Convert from # of spaces x 200 s/f)

Restaurant/Bar/Club Occupancies: (List name and describe operations - Attach Copy of Certificate of Insurance for each such tenant showing proposed insured is included as an Additional Insured on their policies.)

Special Events: *The policy does not provide coverage for Special Event unless specifically listed on the policy.

Special Events include but are not limited to: Festivals, Carnivals, Flea Markets, etc.

Did any **Special Events** take place during the past year? **Yes or No** _____ If yes, provide list and dates.

Are any Special Events planned for the coming year? **Yes or No** _____ If yes, provide list and dates.

Named Insured Signature Line: Print Name

Signature With Title

Date