



CITY HOMES INSURANCE PROGRAM COMMERCIAL SUPPLEMENT

This supplement is required of all accounts that have commercial exposure (retail, office, etc.). If you have any questions about whether you need to complete this supplement, please contact your Distinguished Programs underwriter.

1. Named Insured: _____

Insured Mailing Address: _____
Address City State Zip

2. Location Address: _____
Address City State Zip

3. Any commercial occupancy? Yes No

4. Total Commercial Square Feet in building: _____

5. Type of commercial tenants(check all that apply):

Retail Office Restaurant* Bar* Garage Other _____

*** Restaurant and Bar occupancies are ineligible for the CHIP program**

6. Please list all commercial tenants (or send rent roll separately):

7. Is liquor served by any of the commercial tenants? Yes No

8. Is cooking done by any of the commercial tenants? Yes No

9. For all commercial tenants, does the tenant do all of the following? Yes No

- Hold the landlord harmless?
- Provide at least \$1,000,000 GL Liability Limits?
- Include the landlord as Additional Insured?
- Provide Certificates of Insurance to the landlord annually

Insured Signature: _____

Print Name with Title: _____

Date: _____