

LESSORS RISK SUPPLEMENTAL APPLICATION

This Supplemental Application along with all other requested Donegal Insurance Group Applications and/or ACORD Applications constitute the Application for Insurance.

A. APPLICANT INFORMATION

Applicant Name¹: _____ Web Site Address: _____
 Quote/Policy Number: _____ Date Quote Needed: _____
 Agency Name and Number: _____ Effective Date: _____

¹ Whenever used in this Application, the term "Applicant" includes all firm names, trading names, 'Doing Business As' (DBA) names, and if incorporated, the Parent Corporation and all of its subsidiaries, unless stated to the contrary in the Remarks section of this Application.

B. GENERAL INFORMATION

Name of Property: _____
 Property Address: _____
 City: _____ State: _____ Zip: _____

C. PROPERTY INFORMATION

Total # of Units: _____ Average Occupancy Rate: _____
 Parking Area: _____ (total sq. ft.) Total Rental Receipts: _____
 # of Stories: _____ Other Receipts: _____

Description of Operations at This Location: _____

D. ELIGIBILITY AND LOCATION INFORMATION

1. Is a schedule of occupants and rent rolls included with submission? (required) Yes No
2. Are written lease agreements in place for all tenants? Yes No
3. Are the following provisions included in the lease:
 - a. Hold Harmless Agreement Yes No
 - b. Requirement to maintain and show proof of insurance: Yes No
4. Are tenants required to name applicant as additional insured on their liability policy? Yes No
5. Any tenants with commercial cooking exposure? Yes No
 If yes, complete the following:
 - a. Is a UL300 fire suppression system required? Yes No
 - b. Is the UL300 serviced semi-annually? Yes No
 - c. Are tenants required in lease agreement to have hoods/ducts professionally cleaned semi-annually? Yes No
 - d. Do all kitchen fire protection systems meet the standards contained in NFPA 96 Standards for the Installation of Equipment for the Removal of Smoke and Grease Laden Vapors From Combustible Cooking Equipment? Yes No
6. Are special events or exhibits allowed to be held on premises? Yes No
 If yes, please explain: _____
7. Are there any vacancies? Yes No
 If yes, what % is vacant? _____ How long vacant? _____
 When will it become occupied? _____
 By what type of tenant? _____

E. ADDITIONAL PER LOCATION INFORMATION

1. Indicate year of installation or major update/replacement.

- a. Plumbing: _____
- b. Heating: _____
- c. Electrical: _____
- d. Roof: _____

2. What is the type of roof?

- Flat Shingle High Pitch Cedar Shake Other: _____

3. Protection: (Check all that apply)

- Battery Smoke Detector
- Hard Wired Smoke Detector
- Sprinklers _____ %
- Security Alarms
- Other _____

4. Does the location have adequate sidewalk and parking lot lighting? Yes No

5. Are subcontractors hired for maintenance and snow removal? Yes No

a. If yes, are certificates of insurance obtained? Yes No

b. If yes, is the applicant listed as an additional insured on the contractor's policy? Yes No

c. If no, who is responsible for maintenance and snow removal? _____

REMARKS: