



OFFICE BUILDINGS
SUPPLEMENTAL APPLICATION

BUSINESS INFORMATION

Named Insured:								Yes	No
1.	Do employees use their own auto for insured's business?								
	If Yes; Please Explain:								
2.	Has applicant ever been involved in bankruptcy or foreclosure?								
	If Yes; Please Explain:								
3.	Has applicant had any citations or violations from any regulatory authority?								
	If Yes; Please Explain:								
4.	Is insured location/premises used in any way by any outside organization?								
	If Yes; Please Explain:								
5.	Is this an Office Condominium Association?								
	If Yes: Is premise registered in the State of Florida in accordance with the Condominium Act (Florida State Statute Chapter 718)?								
6.	Check all applicable:	Self-Managed		On-Site Property Management Firm		Off-Site Property Management Firm	Developer		
							Other		
	If Other; Please Explain:								

PREMISES INFORMATION

7.	Type of Roof (shingle, tile, etc.)?									
8.	Number of Buildings			Number of Units in each Building						
9.	Percent of Units Occupied	Owner		%	Rented		%	Vacant		%
10.	If rented: is formal written lease signed by tenant?									
	If NO; Please Explain:									
	Minimum number of months required for lease/rental?									
									Yes	No
11.	Is premise/location 100% occupied as Professional Offices?									
	If NO; Please Explain:									
12.	Is building still under construction?									
	If Yes; Please provide expected completion date:									
13.	Is the building more than 15 years old?									
	If Yes, please provide update information:			Heating:		Electrical:		Plumbing:		Roof:
14.	Is the building more than 25 years old?									
	If Yes; Has a Rehab been completed?			Date of Rehab:						
15.	Is risk located in high risk flood zone (A or V)?									
16.	Any building(s) exterior component, fixtures or features include EIFS or Dryvit construction?									
	Percentage of exterior with EIFS/Dryvit:									
17.	Any building(s) show signs of cracking?									
18.	Are there any known construction defects including but not limited to Chinese Drywall?									
	If Yes; Please explain:									
19.	Any building(s) equipped with properly mounted fire extinguishers?									
	Are extinguishers inspected annually?									
20.	Any building(s) equipped with Automatic Sprinklers?									
	If Yes; What percentage of building?									
21.	Any building(s) equipped with a Fire Alarm?									
22.	Any building(s) equipped with a Burglar Alarm?									
23.	Are there any security guards on premises?									
	If Yes; are these Subs or Employees?									
24.	Are there functioning security cameras on premises?									



OFFICE BUILDINGS
SUPPLEMENTAL APPLICATION

25.	Has there been any sinkhole activity on the premises?							
	Has a sinkhole claim ever been submitted for premises?							
26.	Is there any water exposure on premises?							
	If Yes; Provide number of each	Ponds/Lakes		Canals		Boat Slips	Docks	

PLEASE PROVIDE/ATTACH THE FOLLOWING:

- Rent Roll or Tenant Occupancy
- Appraisal
- Sprinkler Report

Applicant		
(Printed Name)	Signature	Date
(Printed Name)	Signature	Date

Producer		
(Printed Name)	Signature	Date
State/Producer's License No		

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.